

VENTURA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

GENERAL MEETING

MINUTES

February 25, 2019

NEXT MEETING:

Monday, March 18, 2019

1:00 p.m. – 3:30 p.m.

Ventura County Behavioral Health Administration
1911 Williams Drive, Training Room ♦ Oxnard, CA 93036

Note: The Behavioral Health Advisory Board has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

BHAB Members Present

Jerry Harris, Chair
Claudia Armann
Jamie Banker
Ratan Bhavnani, 1st Vice Chair
Nancy Borchard
Gane Brooking, 2nd Vice Chair
Margaret Cortese, Member-At-Large
Capt. James Fryhoff
Monique Garcia
Janis Gardner, Secretary
Mary Haffner
Patricia Mowlavi
Supervisor Linda Parks
Irene Pinkard
Sheri Valley

BHAB Members Absent

Kevin Clerici
Denise Nielsen
Gina Petrus
Marlen Torres

Others Present

Kevin Janeway
David Garcia
Elizabeth R. Stone
Sally Harrison, County Executive Office
Bob Wickham, NAMI
Heather Davidson, First 5
Christine Bae
David Deutsch
David Rose
Michele Surber, Telecare
Kate English, One Step a la Vez
Georgia Perry

Ventura County Behavioral Health (VCBH) Managers and Staff Present

Dr. Sevet Johnson, VCBH Director
Lisa Acosta, M.D., Youth & Family Division Medical Director
Hilary Carson, MHSA
Dr. Loretta Denering, Alcohol and Drug Programs Division Chief
Jason Jones, MHSA Fiscal
Pete Pringle, Youth & Family Division Chief
Kiran Sahota, MHSA Manager
Dr. John Schipper, Adult Division Chief
David Tovar, ADP Prevention
Susan White Wood, Housing Manager
Edith Pham, BHAB Assistant

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Harris called the meeting to order at 1:10 p.m. Gane Brooking led the audience in reciting the Pledge of Allegiance to the U.S. Flag.		
II.	Approval of the Agenda Mr. Harris asked the Board to review and approve today's agenda. Claudia Armann moved to approve, Nancy Borchard seconded. The motion passed unanimously.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Mr. Harris asked the Board to review and approve the minutes of the January 28, 2019 meeting. Janis Gardner moved to approve, Ms. Armann seconded. Mr. Harris read a request for correction that he received. Item VI, third paragraph should read: "Mr. Stadler recognized Kiran Sahota as the former CIT Program Administrator who started the CIT Officer of the Year recognition five years ago. The selection team was Julie Glantz, David Deutsch, and retired Ventura Police Department Sergeant Jerry Foreman." Ms. Gardner agreed to modify her motion, and Ms. Armann agreed to the change. The motion passed unanimously as amended.	The minutes were approved as amended. M/S/C	
IV.	Welcome and Introductions Mr. Harris welcomed everyone and asked BHAB members to introduce themselves.		
V.	Public Comments John Chaudier introduced himself as a former Chair of the Mental Health Board. He was a strong advocate for the implementation of Crisis Intervention Team (CIT) and is pleased that the program is robust. Additionally, he was touched by an article that Mary Haffner wrote. Bob Wickham announced that NAMI Ventura County has moved to its new offices to 555 Airport Way in Camarillo. An open house is planned for April 10 th . Also, Mr. Wickham invited all to participate in the NAMI Golf Tournament on March 15 th . Additionally, NAMI is recruiting for a new Executive Director.		
VI.	Chair's Report – Jerry Harris A. Mr. Harris congratulated Board Member Monique Garcia for being chosen California Woman of the Year representing Assemblymember Jacqui Irwin and the 44 th Assembly District. B. Supervisor Parks and Assemblymember Jacqui Irwin wrote a powerful guest column titled 100 days since the Borderline shooting, published February 13 th . C. Mary Haffner wrote a compelling guest column titled The need for more in-patient psychiatric beds, published February 17 th . D. In April a nominating committee will be appointed to draft a slate of officers for Fiscal Year 2019-20. Anyone interested in being on the Nominating Committee can express their interest at the March General Board Meeting. E. VCBH has completed its part of the Data Notebook. The document now needs to be reviewed by the BHAB. Any member interested in serving on a Data Notebook workgroup should contact the BHAB Assistant right away. F. Mr. Harris noted the need to ensure that the composition of the board follows the BHAB bylaws requirement. He asked all board members to put a checkmark on an anonymous paper slip to designate whether they serve as consumer, family member, or interested community member. G. Mr. Harris noted that upon resigning from the BHAB, Kay Wilson-Bolton requested that no recognition be made at a meeting. He read a certificate that will be mailed to her. H. Ms. Gardner announced/provided brief information on: - February is Black History Month; - Social Justice Fund for Ventura County's 4 th Annual Symposium on March 2 nd ; - NAMI Ventura County Golf Tournament on March 15 th ; - Oxnard's First Annual Native American Peoples Intertribal PowWow on April 13 th and 14 th .	Recognition for Kay Wilson-Bolton was prepared, will be mailed to her	J. Harris
VII.	Board Members Comments and Announcements Ratan Bhavnani noted that several board members have been participating in the Community Needs Assessment. During the last meeting related to this, participating		

	<p>community members were presented with data on the answers that were received, and they were able to provide comments.</p> <p>Gane Brooking noted that the pilot shelter at the Oxnard Armory is open. Access to the shelter is through 2-1-1.</p> <p>Ms. Gardner thanked Mr. Harris, the BHAB Assistant and VCBH for all the information included in the handouts, and she thanked the board members for sharing pertinent information.</p>		
VIII.	<p>Presentation: Drug Medi-Cal Organized Delivery System (DMC-ODS) – Dr. Loretta Denering, Alcohol & Drug Programs Division Chief</p> <p>Dr. Denering noted that DMC-ODS is a federal implementation that ensures a continuum of care for individuals with substance use disorders. It standardizes treatment and ensures appropriate level of care for the appropriate duration. VCBH DMC-ODS went live on December 1st, 2018. All VCBH providers have opted into it. New services have been added. Under DMC-ODS, counties are required to provide services such as a 24/7 Substance Use Disorder (SUD) Access Line and Medication Assisted Treatment (MAT). See attached for details.</p> <p>Mr. Harris requested to have updates that will compare data pre- and post-DMC-ODS.</p>		
IX.	<p>Director’s Report – Dr. Sevet Johnson</p> <p>A. Between December 1st, 2018 and February 25th, 2019, the SUD Access Line has received 1,292 calls. VCBH received 148 Treatment Authorization Requests (TARs), 143 of which were approved.</p> <p>B. Dr. Johnson thanked Kiran Sahota, MHSA Manager, and her team, along with the Division Chiefs and members of the BHAB who prepared, conducted and participated in the Community Needs Assessment, a year-long process. The results will help prioritize services.</p> <p>C. The External Quality Review Organization (EQRO) team will meet with VCBH managers and staff, stakeholders and providers February 26th-28th.</p> <p>D. Pete Pringle, Youth & Family Division Chief, held a planning day with his managers. They drafted a list of their successes and a Strategic Plan for the future, sharing the work they have done and have in front of them.</p> <p>E. Work is ongoing to open a Crisis Stabilization Unit (CSU) inside the Inpatient Psychiatric Unit (IPU). The target date for opening is April 1st. Mr. Harris suggested having an action item at the next General meeting regarding VCBH involvement at the CSU. Supervisor Parks volunteered to look into who would oversee the CSU. She and Mr. Bhavnani expressed their support for having the CSU and the IPU under VCBH.</p> <p>F. Pre-trial diversion: currently, two cases are under mental health diversion, serving as an initial pilot. The Mental Health Court and the Pre-trial Diversion have been consolidated under Judge Nancy Ayers. Staff from VCBH, the Superior Court, the District Attorney, the Public Defender and the Sherriff are developing protocols and forms. VCBH has proposed to serve up to 20 defendants under Pre-trial Diversion.</p>	Research who has responsibility for the CSU	Supervisor Parks
X.	<p>Secretary’s Report – Janis Gardner</p> <p>A. One member has not attended a committee meeting since last July.</p> <p>B. There are two openings on the BHAB. One is in Supervisor Long’s District, and one is in Supervisor Parks’ District following Ms. Gardner’s move from District 2 to District 3.</p>		
XI.	<p>BHAB Committee Report Status of Action Plans 2018-19</p> <p>A. Adult Services Committee – Nancy Borchard, Gane Brooking, Co-Chairs Dr. Streeter of Dignity Health presented on the CSU that Dignity Health is considering opening. A committee workgroup will meet again to refine the Action Plans. Ms. Brooking noted that she has been attempting to connect with Community Memorial Hospital regarding their plans for a geriatric psychiatric unit.</p>		

	<p>B. Prevention Committee – Janis Gardner, Chair The committee has reached its specific objective through site visits. The committee has been collecting information on various topics and has been exploring ideas for outreach to youth.</p> <p>C. Transitional Age Youth (TAY) Committee – Margaret Cortese, Chair The committee will meet on February 28th and will work on its draft action plan.</p> <p>D. Youth & Family Committee – Denise Nielsen, Chair This report was tabled as Ms. Nielsen was not in attendance.</p>		
<p>XII.</p>	<p>New Business</p> <p>A. Confirm Appointment of New Member-At-Large Mr. Harris noted that Gina Petrus has volunteered to serve as Member-At-Large, and he has appointed her. Mr. Bhavnani moved to confirm the appointment of Gina Petrus to the Executive Committee, Jamie Banker seconded. The motion passed unanimously.</p> <p>B. Schedule a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis Meeting Mr. Harris noted that a SWOT analysis of the board will help with its objectives. He proposed scheduling a meeting immediately prior to or right after the March 18th General meeting. By a show of hand, the board indicated its preference for meeting prior to the General meeting. Mr. Harris announced that the meeting will be from 11:45 a.m. to 12:45 p.m. Lunch will be provided.</p> <p>C. Mental Health Services Act (MHSA) Innovation Project – Conocimiento: Addressing Adverse Childhood Experiences (ACEs) Through Core Competencies – Kiran Sahota Ms. Sahota noted that when the community was polled in 2016, it suggested 52 Innovation topics, which were then ranked by a planning committee. The top two projects were push technology (implemented) and training bartenders (about to be implemented). The third project was Conocimiento. Ms. Sahota opened the 30-day public comment period for this project. Afterwards, it will be presented to the Board of Supervisors and then the state. Ms. Sahota introduced Hilary Carson, who provided an overview of the project. Its goal is to decrease the likelihood of mental illness by increasing resilience in youth living in the Santa Clara Valley. The project will partner with two teen centers (One Step a la Vez in Fillmore and Ignite in Santa Paula). The youth will plan meals and invite presenters. Family support will be strengthened. See attached for details. Kate English, Director of One Step a la Vez and David Garcia, Director of Ignite, noted that their staff are bilingual, and that youth are referred by friends, the schools, or Probation. Mr. Garcia noted that the Santa Paula city council and the mayor are supportive of Ignite. Ms. Armann noted that she has interviewed the youth at the One Step center many times over the past decade and finds it to be an amazing program for empowering the youth.</p> <p>D. Institution for Mental Diseases (IMD) Exclusion – Mary Haffner Ms. Haffner noted that the IMD Exclusion limits Medicaid reimbursement for the care of those suffering from mental illness. It was codified in 1965 as a way to address the issue of inhumane conditions in asylums. Now many mentally ill are housed in jails, prisons or are homeless. The exclusion is a disincentive for inpatient treatment. Last November the federal government allowed states to apply for a waiver of the IMD exclusion. The Los Angeles County Board of Supervisors has passed a motion in favor of the waiver. NAMI Los Angeles County and the County Behavioral Health Directors Association of California have written letters in support of the state applying for the waiver. Ms. Haffner proposed that Ventura County Board of Supervisors do the same. Dr. Johnson noted that under the waiver, individuals receiving treatment would also be screened for physical health and substance use needs. Mr. Harris agreed to put this as an action item on the next BHAB General meeting agenda. Supervisor Parks noted that if the BHAB and VCBH express support of the state applying for the waiver, she will present this to the Board of Supervisors.</p>	<p>Confirm appointment of G. Petrus as Member-At-Large M/S/C</p> <p>SWOT Analysis on March 18, 11:45 a.m.-12:45 p.m.</p> <p>Open 30-day public comment period on Conocimiento</p> <p>Add IMD Exclusion as an action item on the</p>	<p>K Sahota</p> <p>J Harris</p>

<p>E. Report on Site Visit to Horizon View Mental Health Rehabilitation Center (MHRC) – Ratan Bhavnani Mr. Bhavnani thanked Supervisor Parks for championing the opening of the MHRC, the only locked facility in the county. Ms. Banker, Ms. Borchard, Ms. Brooking and Mr. Bhavnani, who participated in the site visit along with Ms. Petrus, provided feedback:</p> <ul style="list-style-type: none"> - They were impressed with the visit. Staff and managers were clear about their focus and thoughtful in their approach. The physical facility looked nice. - During the visit, a few clients were not engaged in activities. Staff may be able to nudge clients to participate. - Groups could be more robust and meaningful. - Clients are involved in their treatment planning. <p>The overall impression is that of a well-run program.</p> <p>F. Mental Health Board Reforms Mr. Harris noted that amendments to the Welfare & Institutions Code (WIC) are being proposed. They would change the composition of mental health boards. They are in the early stages and do not have the support of the California Association of Local Behavioral Health Boards & Commissions (CALBHB/C).</p> <p>G. California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) Mr. Harris highlighted some of the information contained in the CALBHB/C newsletter, including External Quality Review Organization and Mental Health Services Act. He encouraged board members to read the document since it is very informative.</p>	<p>March General meeting agenda</p>	
<p>XIII. Old Business</p> <p>A. Update on Amendment to the Bylaws to Add a Member Representing Law Enforcement Mr. Harris noted that the Board of Supervisors will vote on the proposed amendment to the bylaws on March 19th.</p> <p>B. Update on Notification to Each Board of Supervisors Office on Bylaws Membership Requirements The Supervisors have been reminded of the requirement to have clients and family members appointed to the board who can commit to attend meetings regularly as well as the specific obligations for all board members (regular meeting attendance and committee meeting attendance and participation).</p> <p>C. FY 2017-18 Annual Report Presentation to the Board of Supervisors on March 19th Mr. Harris will present the Annual Report to the Board of Supervisors on March 19th at 11:30 a.m. All are invited to attend the presentation.</p> <p>D. Future Presentations A presentation on human trafficking has been scheduled for the April General meeting.</p> <p>E. Future Recognitions Dennis Perry, who has been very involved with Growing Works, will be recognized during the April General meeting. Ms. Brooking noted that she is gathering information that can be included in a recognition for Dr. Frances O’Sullivan of the VCBH Conejo Adult Clinic.</p>		
<p>XIV. Contracts Dr. Johnson called attention to the Board Letter Summary for January 2019. Mr. Harris encouraged BHAB members to ask questions regarding the VCBH contracts that the Board of Supervisors approved during the previous month (see Executive Summary for details):</p> <p>A. Board of Supervisors Approved Agreements – January 8, 2019</p> <ol style="list-style-type: none"> 1. Alcohol & Drug Program (ADP) Services: Memorandum of Agreement (MOA) with Interface Children & Family Services <p>B. Board of Supervisors Approved Agreements – January 15, 2019</p>		

	<p>1. Mental Health Services: No Place Like Home (NPLH) Joint Applications for Permanent Supportive Housing and Ventura County Plan to Prevent and End Homelessness</p> <p>No clarifications were requested.</p>		
<p>XV.</p>	<p>Public Comments None.</p>		
<p>XVI.</p>	<p>Adjourn Mr. Harris thanked all BHAB members and VCBH managers and staff for all the work being done to improve the services to clients. The meeting adjourned at 3:15 p.m.</p>		

Behavioral Health Advisory Board GENERAL Meeting Attendance

2018-19	Terms	Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
District 1	3/11/18 – 3/10/21	Claudia Armann		X	X	X	X		X	X				
District 2	1/8/19 – 1/7/22	Jamie Banker		X	X	X	X			X				
District 2	2/24/19 – 2/23/22	Ratan Bhavnani	X	X	X	X	X		X	X				
District 3	1/27/18 – 1/26/21	Nancy Borchard	X	X	X	X	X		X	X				
District 3	1/13/19 – 1/12/22	Gane Brooking	X	X	X	X	X		X	X				
District 1	10/7/18 – 10/6/21	Kevin Clerici	X	X	X	X								
District 5	1/11/18 – 1/10/21	Margaret Cortese	X	X	X	X	X		X	X				
District 4	10/14/18 – 10/13/21	Capt. James Fryhoff				X				X				
District 5	10/17/17 – 9/23/20	Monique Garcia			X				X	X				
District 2	9/13/16 – 9/13/19	Janis Gardner	X	X	X	X	X		X	X				
District 1	4/8/18 – 4/7/21	Mary Haffner	X						X	X				
District 4	9/17/16 – 9/17/19	Jerry Harris	X	X	X	X	X		X	X				
District 2	3/14/17 – 3/14/20	Patricia Mowlavi		X	X	X	X		X	X				
District 4	9/18/18 – 9/17/21	Denise Nielsen		X	X		X		X					
District 2	1/1/19 – 12/31/21	Supervisor Linda Parks	X	X	X	X	X			X				
District 1	5/8/18 – 5/7/21	Gina Petrus	X	X	X	X	X		X					
District 5	1/24/17 – 1/24/20	Dr. Irene Pinkard				X			X	X				
District 5	1/10/17 – 1/10/20	Marlen Torres	X	X	LOA	LOA	LOA		X					
District 4	2/6/18 – 2/6/21	Sheri Valley	X	X	X	X	X		X	X				
District 3		vacant												
District 3		vacant												

Present = X

- District 1 Supervisor Bennett
- District 2 Supervisor Parks
- District 3 Supervisor Long
- District 4 Supervisor Huber
- District 5 Supervisor Zaragoza

MESA CONSULTIVA DE VENTURA COUNTY BEHAVIORAL HEALTH

REUNIÓN GENERAL

MINUTAS

25 de Febrero del 2019

PRÓXIMA REUNIÓN:

Lunes, 18 de marzo de 2019
13:00 – 15:30

Administración Ventura County Behavioral Health
1911 Williams Drive, Sala de Entrenamientos ♦ Oxnard, CA 93036

Nota: El Mesa Consultiva de Ventura County Behavioral Health aún no ha aprobado estas minutas. Puede haber adiciones / eliminaciones o correcciones antes de que se acepten las minutas en su forma final.

Miembros de BHAB presentes

Jerry Harris, Presidente
Claudia Armann
Jamie Banker
Ratan Bhavnani, 1st Vice Presidente
Nancy Borchard
Gane Brooking, 2nd Vice Presidente
Margaret Cortese, Miembros en general
Capt. James Fryhoff
Monique Garcia
Janis Gardner, Secretary
Mary Haffner
Patricia Mowlavi
Supervisora Linda Parks
Irene Pinkard
Sheri Valley

Gerentes de VCBH y personal presente

Sevet Johnson, Directora VCBH
Lisa Acosta, M.D., Youth & Family Division Medical Director
Hilary Carson, MHSA
Dr. Loretta Denering, Jefe de la División de Programas de Alcohol y Drogas
Jason Jones, Fiscal MHSA
Pete Pringle, Jefe de la División de Juventud y Familia
Kiran Sahota, Gerente de MHSA
Dr. John Schipper, Adult Division Chief
David Tovar, ADP Prevention
Susan White Wood, Gerente de Instalaciones
Edith Pham, Asistente BHAB

Miembros Ausentes BHAB

Kevin Clerici
Denise Nielsen
Gina Petrus
Marlen Torres

Otros presentes

Kevin Janeway
David Garcia
Elizabeth R. Stone
Sally Harrison, Oficina Ejecutiva del Condado
Bob Wickham, NAMI
Heather Davidson, First 5
Christine Bae
David Deutsch
David Rose
Michele Surber, Telecare
Kate English, One Step a la Vez
Georgia Perry

	DISCUSIÓN Y CONCLUSIONES	RECOMENDACIONES / ACCIONES	RESPONSABLE
I.	Llamar al orden Presidente Harris inició la reunión para pidiendo a 3:10 que Brooking condujera a la audiencia en recitar el juramento a la bandera de Estados Unidos.		
II.	Aprobación de la Agenda El señor Harris pidió a la Junta revisar y aprobar el orden del día de hoy. Claudia Armann movió la moción para aprobar, Nancy Borchard secundó. La moción fue aprobada por unanimidad.	El orden del día fue aprobado como está escrito. M / S / C	
III.	Aprobación de las actas El señor Harris pidió a la Junta revisar y aprobar el Acta de la reunión de 28 de enero de 2019. Janis Gardner movió para aprobar, Sra. Armann secundó. El señor Harris leyó una solicitud de corrección que recibió. Artículo VI, tercer párrafo debe decir: "El Sr. Stadler reconoció a Kiran Sahota como el anterior CIT administrador del programa que inició el reconocimiento año de Oficial de CIT hace cinco años. El equipo de selección fue Julie Glantz, David Deutsch y el Sargento Ventura sargento Jerry capataz". La Sra. Gardner aceptó modificar su propuesta, y Sra. Armann acordaron el cambio. La moción aprobada por unanimidad modificada.	Se aprueba el Acta modificada. M/S/C	
IV.	Bienvenida y presentaciones El señor Harris dio la bienvenida a todos y pidió a los miembros BHAB presentarse.		
V.	Comentarios del público John Chaudier se presentó como un ex Presidente de la Junta de Salud Mental. Él era abogado para la implementación del equipo de intervención de Crisis (CIT) y se complace de que el programa es firme. Además, él fue inspirado por un artículo que escribió Mary Haffner. Bob Wickham anunció que NAMI el Condado de Ventura ha trasladado a sus nuevas oficinas a manera de aeropuerto 555 en Camarillo. Una casa abierta está prevista para el 10 de abril. Además, el Sr. Wickham invitó a todos a participar en el torneo de Golf de NAMI en marzo 15th. Además, NAMI está reclutando para un Director Ejecutivo Nuevo		
VI.	Informe del Presidente – Jerry Harris A. Sr. Harris felicitó a la consejera Monique Garcia por haber sido elegida la Mujer del Año en California por la Asambleísta Jacqui Irwin y el distrito 44 de la Asamblea. B. La Supervisora Parks y Asambleísta Jacqui Irwin escribieron una columna titulada 100 Días desde el Tiroteo, publicada el 13 de febrero. C. Mary Haffner escribió como invitada una columna titulada "La necesidad de hospitalización más camas psiquiátricas", publicada el 17 de febrero. D. En abril un Comité de nominaciones será designado para elaborar una lista de oficiales para el año Fiscal 2019-20. Cualquier persona interesada en estar en el Comité de nominaciones puede expresar su interés en la Junta General de marzo. E. VCBH ha completado su parte de los cuadernos de datos. El documento ahora necesita ser revisado por el BHAB. Cualquier miembro interesado en servir en un grupo de trabajo de datos debe comunicarse con el Asistente de BHAB inmediato. F. El Sr. Harris señaló la necesidad de garantizar que la composición de la Junta sigue el requisito de estatutos BHAB. Pidió a todos los miembros de la Junta para poner una marca de verificación en una hoja de papel anónimo para designar si sirven como consumidor, miembro de la familia o miembro de la comunidad interesados. G. El Sr. Harris señaló que al renunciar a la BHAB, Kay Wilson-Bolton pidió no hacer un reconocimiento en una reunión. Se leyó un certificado que se le enviará. H. Sra. Gardner anunció o la breve información en: - Febrero es mes de la historia de la comunidad afroamericana; - Fondo de Justicia Social del Condado de Ventura tendrá el 4 Simposio Anual en marzo 2; - Torneo de Golf de Condado de Ventura NAMI en marzo 15; - Primer Intertribal PowWow Indígena Anual de Oxnard en abril 13 y 14.	El reconocimiento para Kay Wilson-Bolton fue preparado, se le enviará por correo	J. Harris

VII.	<p>Comentarios y Anuncios de los Miembros de la Mesa</p> <p>Ratan Bhavnani noted that several board members have been participating in the Community Needs Assessment. During the last meeting related to this, participating community members were presented with data on the answers that were received, and they were able to provide comments.</p> <p>Gane Brooking noted that the pilot shelter at the Oxnard Armory is open. Access to the shelter is through 2-1-1.</p> <p>Ms. Gardner thanked Mr. Harris, the BHAB Assistant and VCBH for all the information included in the handouts, and she thanked the board members for sharing pertinent information.</p>		
VIII.	<p>Presentación: Sistema de entrega organizada de medicamentos de Medi-Cal (DMC-ODS) - Dra. Loretta Denering, Jefa de la División de Programas de Alcohol y Drogas</p> <p>El Dr. Denering señaló que DMC-ODS es una implementación federal que garantiza un cuidado continuo para las personas con trastornos por uso de sustancias. Estandariza el tratamiento y asegura un nivel adecuado de atención para la duración apropiada. VCBH DMC-ODS lo lanzó el 1 de diciembre de 2018. Todos los proveedores de VCBH han optado por participar. Se han añadido nuevos servicios. Bajo DMC-ODS, se requiere que los condados brinden servicios tales como una Línea de Acceso de Desorden de Uso de Sustancias (SUD) 24/7 y Tratamiento Asistido por Medicamentos (MAT). Ver información adjunta para más detalles.</p> <p>El Sr. Harris solicitó actualizaciones que comparen los datos anteriores y posteriores a DMC-ODS.</p>		
IX.	<p>Informe de la Directora - Dr. Sevet Johnson</p> <p>A. Entre el 1 de diciembre de 2018 y el 25 de febrero de 2019, la Línea de Acceso SUD ha recibido 1,292 llamadas. VCBH recibió 148 solicitudes de autorización de tratamiento (TAR), de las cuales 143 fueron aprobadas.</p> <p>B. La Dra. Johnson agradeció a Kiran Sahota, Gerente de MHSA, y su equipo, junto con los Jefes de División y los miembros de BHAB que prepararon, realizaron y participaron en la Evaluación de Necesidades de la Comunidad, un proceso de un año de duración. Los resultados ayudarán a priorizar los servicios.</p> <p>C. El equipo de la Organización de Revisión de Calidad Externa (EQRO) se reunirá con los gerentes y el personal de VCBH, las partes interesadas y los proveedores del 26 al 28 de febrero.</p> <p>D. Pete Pringle, Jefe de la División de Juventud y Familia, celebró un día de planificación con sus gerentes. Redactaron una lista de sus éxitos y un Plan Estratégico para el futuro, compartiendo el trabajo que han hecho y tienen por delante.</p> <p>E. Se está trabajando para abrir una Unidad de Estabilización de Crisis (CSU) dentro de la Unidad de Psiquiatría para Pacientes Internos (UIP). La fecha límite para la apertura es el 1 de abril. El Sr. Harris sugirió tener un tema de acción en la próxima reunión general sobre la participación de VCBH en la CSU. La Supervisora Parks se ofreció como voluntario para ver quién supervisaría la CSU. Ella y el Sr. Bhavnani expresaron su apoyo por tener la CSU y la UIP bajo</p> <p>VCBH. Desvío previo al juicio: actualmente, dos casos se encuentran bajo desvío de salud mental y sirven como piloto inicial. La Corte de Salud Mental y el Desvío Previo al Juicio se han consolidado bajo la jueza Nancy Ayers. El personal de VCBH, el Tribunal Superior, el Fiscal del Distrito, el Defensor Público y el Sherriff están desarrollando protocolos y formularios. VCBH ha propuesto servir a hasta 20 acusados en virtud de un Desvío previo al juicio.</p>	<p>Investiga quién es responsable de la CSU.</p>	<p>Supervisora Parks</p>

X.	<p>Informe de la Secretaria - Janis Gardner,</p> <p>A. Un miembro no ha asistido a una reunión del comité desde julio pasado.</p> <p>B. Hay dos posiciones no cubiertas BHAB. Una está en el Distrito del Supervisor Long, y la otro está en el Distrito del Supervisor Parques siguiendo el movimiento de la Sra. Gardner del Distrito 2 al Distrito 3.</p>		
XI.	<p>Informe del Comité BHAB Estado de los planes de acción 2018-19</p> <p>A. Comité de Servicios para Adultos - Nancy Borchard, Gane Brooking, Copresidentes</p> <p>A. El Dr. Streeter de Dignity Health presentó en la CSU que Dignity Health está considerando abrir. Un grupo de trabajo del comité se reunirá nuevamente para refinar los Planes de Acción. La Sra. Brooking señaló que ha estado intentando conectarse con el Community Memorial Hospital con respecto a sus planes para una unidad psiquiátrica geriátrica.</p> <p>B. Comité de Prevención - Janis Gardner, Presidenta El comité ha alcanzado su objetivo específico a través de visitas diferentes instalaciones. El comité ha estado recopilando información sobre diversos temas y explorando ideas para llegar a los jóvenes.</p> <p>C. Comité de Jóvenes en Edad de Transición (TAY) - Margaret Cortese, Presidenta El comité se reunirá el 28 de febrero y trabajará en su proyecto de plan de acción.</p> <p>D. Comité de Jóvenes y Familias - Denise Nielsen, Presidenta Este informe fue postergado ya que la Sra. Nielsen no estuvo presente.</p>		
XII.	<p>Nuevos asuntos</p> <p>A. Confirmar la designación de un nuevo miembro general El Sr. Harris indicó que Gina Petrus se ofreció como voluntaria para servir como Miembro, y él la nominó. El Sr. Bhavnani hizo la moción para confirmar el nombramiento de Gina Petrus para el Comité Ejecutivo, secundó Jamie Banker. La moción fue aprobada por unanimidad.</p> <p>B. Programar una reunión de análisis de Fortalezas, Debilidades, Oportunidades y Amenazas (FODA)El Sr. Harris señaló que un análisis FODA de la junta ayudará con sus objetivos. Propuso programar una reunión inmediatamente antes o justo después de la reunión general del 18 de marzo. Levantando la mano, los miembros de la mesa indicaron su preferencia por reunirse antes de la reunión general. El Sr. Harris anunció que la reunión será de 11:45 a.m. a 12:45 p.m. Se proveerá el almuerzo.</p> <p>C. Proyecto de Innovación de la Ley de Servicios de Salud Mental (MHSA) - Conocimiento: Abordar las Experiencias Adversas de la Infancia (ACE) a través de Competencias Básicas - Kiran Sahota La Sra. Sahota señaló que cuando la comunidad fue encuestada en 2016, sugirió 52 temas de innovación, que luego fueron calificados por un comité de planificación. Los dos proyectos principales fueron tecnología de empuje (implementado) y capacitación de camareros (a punto de implementarse).El tercer proyecto fue Conocimiento. La Sra. Sahota abrió el período de comentarios públicos de 30 días para este proyecto. Posteriormente, se presentará a la Junta de Supervisores y luego al estado. La Sra. Sahota presentó a Hilary Carson, quien proporcionó una descripción general del proyecto. Su objetivo es disminuir la probabilidad de enfermedad mental al aumentar la capacidad de recuperación de los jóvenes que viven en el valle de Santa Clara. El proyecto se asociará con dos centros para adolescentes (One Step a la Vez en Fillmore e Ignite en Santa Paula). Los jóvenes planificarán las comidas e invitarán a los presentadores. Se fortalecerá el apoyo familiar. Ver adjunto para más detalles.</p> <p>Kate English, Directora de One Step a la Vez y David Garcia, Director de Ignite, señalaron que su personal es bilingüe y que los jóvenes son referidos por amigos, las escuelas o la Libertad Condicional. El Sr. García señaló que el consejo de la ciudad de Santa Paula y el alcalde apoyan a Ignite. La Sra. Armann señaló que ha entrevistado a</p>	<p>Confirm appointment of G. Petrus as Member-At-Large M/S/C</p> <p>SWOT Analysis on March 18, 11:45 a.m.- 12:45 p.m.</p> <p>Open 30-day public comment period on Conocimiento</p>	<p>K Sahota</p>

	<p>los jóvenes en el centro One Step muchas veces durante la última década y considera que es un programa increíble para empoderar a los jóvenes.</p> <p>D. Institución para la exclusión de enfermedades mentales (IMD) - Mary Haffner</p> <p>La Sra. Haffner notó que la Exclusión IMD limita los reembolsos de Medicaid para el cuidado de aquellos que sufren de enfermedades mentales. Fue codificado en 1965 como una forma de abordar el problema de las condiciones inhumanas en los asilos. Ahora muchos enfermos mentales están alojados en cárceles, prisiones o están sin hogar. La exclusión es un desincentivo para el tratamiento hospitalario. En noviembre pasado, el gobierno federal permitió a los estados solicitar una exención de la exclusión de IMD. La Junta de Supervisores del Condado de Los Ángeles aprobó una moción a favor de la exención. NAMI del Condado de Los Ángeles y la Asociación de Directores de Salud Mental del Condado de California han escrito cartas en apoyo del estado que solicita la exención. La Sra. Haffner propuso que la Junta de Supervisores del Condado de Ventura haga lo mismo. El Dr. Johnson señaló que bajo la exención, las personas que reciben tratamiento también se someterían a exámenes de detección de salud física y necesidades de uso de sustancias. El Sr. Harris acordó poner esto como un punto de acción en la agenda de la próxima reunión general de la BHAB. La Supervisora Parks señaló que si BHAB y VCBH expresan su apoyo al estado que solicita la exención, lo presentará a la Junta de Supervisores.</p> <p>E. Informe sobre la visita al centro de rehabilitación de salud mental de Horizon View (MHRC) - Ratan Bhavnani</p> <p>El Sr. Bhavnani agradeció al Supervisor Parks por defender la apertura del MHRC, la única instalación cerrada en el condado. La Sra. Banker, la Sra. Borchard, la Sra. Brooking y el Sr. Bhavnani, quienes participaron en la visita al sitio junto con la Sra. Petrus, brindaron sus comentarios:</p> <p>Quedaron impresionados con la visita. El personal y los gerentes fueron claros acerca de su enfoque y pensaron en su enfoque. La instalación física se veía bien. Durante la visita, algunos clientes no participaron en actividades. El personal puede ser capaz de empujar a los clientes a participar.</p> <ul style="list-style-type: none"> - Los grupos podrían ser más fuertes y significativos - Los clientes están involucrados en la planificación de su tratamiento. <p>La impresión general es la de un programa bien ejecutado.</p> <p>F. Reformas de la Junta de Salud Mental</p> <p>El Sr. Harris señaló que se están proponiendo enmiendas al Código de Bienestar e Instituciones (WIC). Cambiarían la composición de las juntas de salud mental. Se encuentran en las primeras etapas y no cuentan con el apoyo de la Asociación de Juntas y Comisiones de Salud Mental de California (CALBHB / C)</p> <p>G. Asociación de Comités y Comisiones Locales de Salud Mental de California (CALBHB / C)</p> <p>El Sr. Harris destacó parte de la información contenida en el boletín CALBHB / C, incluida la Organización de Revisión de la Calidad Externa y la Ley de Servicios de Salud Mental. Animó a los miembros de la mesa a ver el documento ya que es muy informativo.</p>	<p>Agregar la Exclusión IMD como un elemento de acción en la agenda de la reunión general de marzo</p>	<p>J Harris</p>
<p>XIII. Asuntos Anteriores</p>	<p>A. Actualización sobre la modificación de los estatutos para agregar un miembro que represente a la policía</p> <p>El Sr. Harris señaló que la Junta de Supervisores votará sobre la enmienda propuesta a los estatutos el 19 de marzo.</p> <p>B. Actualización sobre la Notificación a cada Oficina de la Junta de Supervisores sobre los Requisitos de Membresía de los Estatutos</p> <p>Se les ha recordado a los Supervisores el requisito de que los miembros de la mesa y los miembros del personal de la junta directiva puedan comprometerse a asistir a las reuniones regularmente, así como las obligaciones específicas de todos los miembros de la junta (asistencia a la reunión regular y asistencia y participación en la reunión del comité).</p>		

	<p>C. Presentación del Informe Anual FY 2017-18 a la Junta de Supervisores el 19 de marzo El Sr. Harris presentará el Informe anual a la Junta de Supervisores el 19 de marzo a las 11:30 a.m. Todos están invitados a asistir a la presentación.</p> <p>D. Presentaciones futuras Se ha programado una presentación sobre la trata de personas para la reunión general de abril.</p> <p>E. Futuros reconocimientos Dennis Perry, quien ha estado muy involucrado con Growing Works, será reconocido durante la reunión general de abril. La Sra. Brooking señaló que está recopilando información que se puede incluir en un reconocimiento para la Dra. Frances O'Sullivan de la Clínica para Adultos VCBH Conejo.</p>		
XIV.	<p>Contratos La Dr. Johnson llamó la atención sobre el Resumen de la Carta de la Junta de enero de 2019. El Sr. Harris alentó a los miembros de BHAB a hacer preguntas sobre los contratos de VCBH que la Junta de Supervisores aprobó durante el mes anterior (consulte el Resumen Ejecutivo para obtener más detalles):</p> <p>A. Acuerdos aprobados de la Junta de Supervisores - 8 de enero de 2019 1. Servicios del Programa de Alcohol y Drogas (ADP): Memorándum de Acuerdo (MOA) con Interface Children & Family Services</p> <p>B. Acuerdos aprobados por la Junta de Supervisores - 15 de enero de 2019 1. Servicios de salud mental: solicitudes conjuntas de No Place Like Home (NPLH, por sus siglas en inglés) para viviendas de apoyo permanente y el plan del Condado de Ventura para prevenir y terminar con la falta de vivienda</p> <p>No se solicitaron aclaraciones.</p>		
XV.	<p>Comentarios públicos Ninguno.</p>		
XVI.	<p>Cierre de la Junta El Sr. Harris agradeció a todos los miembros de BHAB y a los gerentes y al personal de VCBH por todo el trabajo realizado para mejorar los servicios a los clientes. La reunión concluyó a las 3:15 p.m.</p>		

MESA CONSULTIVA DE VENTURA COUNTY BEHAVIORAL HEALTH Asistencia General a la Junta.

2018-19	Términos	Miembros	Julio	Aug	Sept	Oct	Nov	Dic	Ene	Feb	Mar	Abr	Mayo	Junio
Distrito 1	3/11/18 – 3/10/21	Claudia Armann		X	X	X	X		X	X				
Distrito 2	1/8/19 – 1/7/22	Jamie Banker		X	X	X	X			X				
Distrito 2	2/24/19 – 2/23/22	Ratan Bhavnani	X	X	X	X	X		X	X				
Distrito 3	1/27/18 – 1/26/21	Nancy Borchard	X	X	X	X	X		X	X				
Distrito 3	1/13/19 – 1/12/22	Gane Brooking	X	X	X	X	X		X	X				
Distrito 1	10/7/18 – 10/6/21	Kevin Clerici	X	X	X	X								
Distrito 5	1/11/18 – 1/10/21	Margaret Cortese	X	X	X	X	X		X	X				
Distrito 4	10/14/18 – 10/13/21	Capt. James Fryhoff				X				X				
Distrito 5	10/17/17 – 9/23/20	Monique Garcia			X				X	X				
Distrito 2	9/13/16 – 9/13/19	Janis Gardner	X	X	X	X	X		X	X				
Distrito 1	4/8/18 – 4/7/21	Mary Haffner	X						X	X				
Distrito 4	9/17/16 – 9/17/19	Jerry Harris	X	X	X	X	X		X	X				
Distrito 2	3/14/17 – 3/14/20	Patricia Mowlavi		X	X	X	X		X	X				
Distrito 4	9/18/18 – 9/17/21	Denise Nielsen		X	X		X		X					
Distrito 2	1/1/19 – 12/31/21	Supervisor Linda Parks	X	X	X	X	X			X				
Distrito 1	5/8/18 – 5/7/21	Gina Petrus	X	X	X	X	X		X					
Distrito 5	1/24/17 – 1/24/20	Dr. Irene Pinkard				X			X	X				
Distrito 5	1/10/17 – 1/10/20	Marlen Torres	X	X	LOA	LOA	LOA		X					
Distrito 4	2/6/18 – 2/6/21	Sheri Valley	X	X	X	X	X		X	X				
Distrito 3		vacant												
Distrito 3		vacant												

Presente = X

- Distrito 1 Supervisor Bennett
- Distrito 2 Supervisora Parks
- Distrito 3 Supervisora Long
- Distrito 4 Supervisor Huber
- Distrito 5 Supervisor Zaragoza

OPINION

Guest column: 100 days since the Borderline shooting

Linda Parks and Jacqui Irwin, Guest columnists Published 1:05 p.m. PT Feb. 13, 2019 | Updated 5:55 p.m. PT Feb. 13, 2019 [CONNECT](#) [TWEET](#) [LinkedIn](#) [COMMENT](#) [EMAIL](#) [MORE](#)

Feb. 14 marks 100 days since the Borderline mass shooting.

What has been done in these one hundred days:

Four hours after the shooting: The Reunification Center opens at the Thousand Oaks Teen Center for families who can't locate their loved ones.

Day 1: Ventura County Community Foundation, in coordination with the City of Thousand Oaks, establishes a victim's fund. Gavin Newsom, acting governor, orders flags flown at half-staff.

Day 2: County opens a Victims Assistance Center with grief services, emergency funding for survivors, and help in returning possessions, assisting 300 people.

Day 7: The first funeral of the Borderline 12 is held.

Day 8: The funeral for Sergeant Ron Helus is held.

Day 25: Ventura County Board of Supervisors votes 3-2 to call on the State Fair Board to cease contracting for new gun shows at the fairgrounds. AB 12 is introduced, making it easier for police to collect guns when issuing a gun violence restraining order.

Day 26: AB 61 is introduced, a bill that adds an employer, a coworker, or school employee to those who can request a gun violence restraining order when they believe a person is a danger to themselves or others.

Day 28: We learn that Sgt. Helus was struck in the heart by friendly fire, causing his death.

Day 36: A Community Mental Health Day at the Growing Works nursery brings people together to build a compost area for flowers left at the temporary Borderline memorial, which will be used to grow acorns into oaks to give back to the community.

Day 62: Governor proposes \$145 million for detection and treatment of mental illness, including on college campuses, plus \$5.6 million to seize firearms from a backlog of over 10,000 people who were ordered to relinquish their guns.

Day 81: The last memorial of the Borderline 12 is held.

Day 82: First responders, victims' families and Thousand Oaks officials attend a State Capitol reception. Lorrie Dingman, whose son Blake was killed, implores the Governor to keep guns away from severely mentally ill people. Assemblymember Jacqui Irwin introduces a resolution naming a segment of the 101 Freeway near the Borderline in honor of Sgt. Helus for his heroism.

Day 83: FBI releases report finding no motivating factor behind Las Vegas shooter, other than a desire for infamy.

Day 88: Forum on Gun Violence includes Susan Orfanos, whose son Tel survived the Las Vegas mass shooting only to die in one in his hometown. Her plea for gun control is followed by Sen. Henry Stern's quest for common ground to prevent further gun violence. Assemblymember Irwin and Sheriff Bill Ayub speak on needed legislation. Supervisor Steve Bennett notes our nation has both the highest gun ownership and number of gun deaths. Supervisor Linda Parks announces the formation of a task force.

Day 93: County forms Task Force on Mental Health Triage and Safety, includes representatives from Ventura County Sheriff, District Attorney, Public Defender, Behavioral Health, Health Care Agency, County Executive Office, Schools, Veterans Services and Courts.

Day 97: A few Westboro Baptist Church members hold signs — including one that says "God sent the shooter" — in front of Thousand Oaks High School. About one hundred counter-protesters line the street, spreading messages of love.

Day 100: Feb. 14 marks not only 100 days since the Borderline mass shooting, but also one year since Parkland. So on this Valentine's Day, hold your loved ones close and say I love you. Be "#TO Strong," honor those whose lives were lost, and join us in doing all we can to make a difference to prevent this senseless violence.

Linda Parks represents District 2 on the Ventura County Board of Supervisors. Assembly member Jacqui Irwin represents the 44th District.



**March 2, 2019
8:45AM-12:30PM**

**VENTURA COUNTY OFFICE
OF EDUCATION
CONFERENCE &
EDUCATIONAL SERVICES
CENTER**

**5100 ADOLFO RD.
CAMARILLO, CA 93012**

The Social Justice Fund for Ventura County is pleased to present its 4th Annual Symposium. RSVP at childrensjfvc.eventbrite.com

To check for updates and make donations visit our website at socialjusticefundvc.org

Follow us on social media at facebook.com/sjfvc

VULNERABLE CHILDREN OF VENTURA COUNTY

Building on last year's successful campaign to support immigrant empowerment, this year the SJFVC is dedicated to **protecting and empowering** vulnerable children, such as the undocumented, LGBTQ, homeless, disabled, and those in foster care.

Join us on March 2nd 8:45am-12:30pm for keynote presentations as well as a panel and round table discussion with local experts, educators, entrepreneurs, policy makers, activists, non-profit leaders, and stakeholders. This event is free and will include a light breakfast. Please come and support our community.

"Creating Change Beyond Charity"

 **NAMI Ventura County**
National Alliance on Mental Illness

Golf Tournament

Victoria Lakes Course

March 15, 2019

7:00.....Check-In

8:15am.....Shotgun Start

2401 West Vineyard Avenue

Oxnard, CA 93036

Live Auction!

Silent Auction!

Make A Hole-In-One And Win A Brand New Chevrolet Car!



HOSTED BY:  **NAMI Ventura County**
National Alliance on Mental Illness



To register please visit our website!

www.namiventura.org

For any further questions please call David Deutsch
(805)641-2426

NAMI Ventura County is a 501(c) (3) Non-Profit Organization, Tax ID Number: 77-0037450

NAMI Ventura County National Alliance on Mental Illness
P.O. Box 1613, Camarillo, CA 93011-1613
Tel: 805.641.2426 Fax: 805.275.2188 Email: namiventura@gmail.com Website: www.namiventura.org

OXNARD'S FIRST ANNUAL NATIVE AMERICAN PEOPLES INTERTRIBAL POWWOW

HONORING OUR ELDERS AND VETERANS

SATURDAY
APRIL 13, 2019
10 AM - 7 PM

SUNDAY
APRIL 14, 2019
10 AM - 6 PM



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WELCOME!**

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VENDORS: VERONICA WHITE MAGPIE
CELL: 1 (818) 249-4107
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TO SPONSOR THIS NONPROFIT EVENT PLEASE CONTACT: MARY ANNE RIVERA - CELL: 1 (805) 701-3141 - EMAIL: rebmar09@gmail.com

**ABSOLUTELY NO ALCOHOL, DRUGS, OR FIREARMS ALLOWED! NOT RESPONSIBLE FOR THEFT, LOSS, ACCIDENTS, INJURY OR PERSONAL EXPENSES.
SELLING OF SAGE, SWEET GRASS, CEDAR OR TOBACCO STRICTLY PROHIBITED.**



PRESENTED BY THE OXNARD POWWOW COMMITTEE - SUPPORTED BY LUCHA - ASSISTED BY THE CITY OF OXNARD



February 25, 2019

Transforming Substance Use Disorder Treatment Services in Ventura County Under the Drug Medi-Cal Organized Delivery System Waiver

Loretta L. Denering, DrPH, MS
Chief, Alcohol and Drug Programs Division

A NEW PARADIGM: DEFINING DMC-ODS

- The Drug Medi-Cal Organized Delivery System (DMC-ODS) is a program to test a new paradigm for the organized delivery of health care services for Medicaid-eligible individuals with a Substance Use Disorder (SUD).
- DMC-ODS is a federal implementation by the Centers for Medicare and Medicaid Services (CMS) based on Sec. 1115 of the Social Security Act that ensures "a continuum of care is available to individuals with Substance Use Disorders."
- Title 42 CFR Part 438 sets the requirements for California's Special Terms and Conditions and subsequent regulatory criteria for Implementation Plans of Counties.



ODS = MANAGED CARE

The Waiver will make improvements to the Drug Medi-Cal service delivery system by focusing on critical elements including:

- County transition to a managed care plan for SUD treatment services;
- Increased local control and accountability with greater administrative oversight including increased program oversight and integrity, and specific standards for quality and access;
- A benefit design modeled after the American Society for Addiction Medicine (ASAM) criteria;
- Creation of utilization controls to improve care and efficient use of resources;
- Increased coordination with other systems of care, including physical and mental health

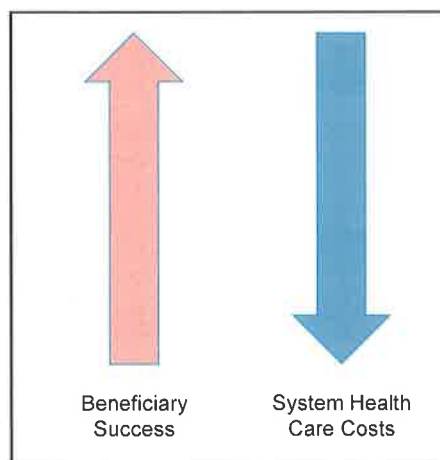


3

INTENT OF DMC-ODS

The DMC-ODS intends to provide the beneficiary with access to the right level of care and the system interaction needed to achieve sustainable recovery.

The DMC-ODS will demonstrate how organized substance use disorder care can increase the success of DMC beneficiaries while decreasing other system health care costs.



4

VENTURA COUNTY DMC-ODS TIMELINE

- Implementation Plan approved November 9, 2016
- Fiscal Rates Approved March 8, 2018
- DHCS Readiness Review Audit Completed on August 7, 2018
- DMC-ODS Go-Live for Waiver Services: December 1, 2018 - June 30, 2020 (end of current 5-year Medicaid 1115 waiver period; next waiver period 2020-2025)



5

APPROPRIATE LEVEL OF CARE

ASAM

- American Society of Addiction Medicine provides a single, common standard for assessing patient needs, optimizing placement and determining medical necessity
- ASAM's criteria uses 6 dimensions to assess the beneficiary's need for treatment and appropriate placement
 - Acute Intoxication and/or Withdrawal Potential
 - Biomedical Conditions and Complications
 - Emotional, Behavioral or Cognitive Conditions and Complications
 - Readiness to Changes
 - Relapse, Continued Use or Continued Problem Potential
 - Recovery/Living Environment
- Beneficiaries benefit by having their recent assessment move across the continuum of care with them, rather than requiring repeated assessments



6

OTHER LEVEL OF CARE TRANSITIONS

- The continuum of care offers the client the benefit of moving through the system at different levels of care, as medically necessary
- Moving within the system should reduce the amount of paperwork and assessment required, reducing barriers to accessing treatment
- Certain requirements are necessary depending on the transition
- ASAM Assessment must be completed prior to program intake
- Initial ASAM assessment is valid for **90 days**



IMPROVEMENTS IN CARE

Previous Program Offerings		Current Program Offerings
State Required Standard DMC Benefits/Programs	VCBH DMC Benefits/Programs	VCBH DMC-ODS Benefits/Programs
Outpatient Services	Adult/Adolescent Outpatient Services	Adult/Adolescent Outpatient Services
Intensive Outpatient Services	Intensive Outpatient Services	Intensive Outpatient Services
Narcotic Treatment Program Services	Narcotic Treatment Program Services	Narcotic/Opioid Treatment Program Services
Perinatal Residential Treatment (perinatal only and 16 bed limitations)	Perinatal Residential Treatment for Women Limited Residential for Men	(1) Perinatal and Non-Perinatal Residential Treatment for Women (2) Residential Treatment for Men (3) Adolescent Residential Treatment
Inpatient Hospital Detoxification	Limited Withdrawal Management	Adult/Adolescent Withdrawal Management
N/A	N/A	Beneficiary Access Line 24/7 Call Center (Community Access, Screening, Referral and Support Line)
N/A	N/A	Recovery Support Services
N/A	N/A	Care Coordination and Case Management
N/A	N/A	Physician Consultation
N/A	N/A	Additional Medication Assisted Treatment



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM

The **Drug Medi-Cal Organized Delivery System** (DMC-ODS) is a managed care initiative that organizes and transforms the delivery of health care services for Medicaid-eligible individuals with substance use disorders (SUD).



DMC-ODS counties are required to provide a continuum of services to eligible beneficiaries modeled after the ASAM Criteria. These services also include:

- 24/7 SUD Access Line
- Case Management
- Withdrawal Management
- Recovery Support Services
- Medication Assisted Treatment (MAT)



9

NECESSARY STAFFING AND FEDERAL MANDATES

STAFF COMPOSITION *(per DHCS and CMS requirements)*

The DMC-ODS – Substance Use Treatment Services Unit will be responsible for 5 new service areas:

1. Quality Improvement/Assurance – **NEW REQUIREMENT**
2. Medication Assisted Treatment – **EXPANDED MEDICATION OPTIONS AND SERVICES**
3. Beneficiary Access Line - 24/7 Call Center – **NEW REQUIREMENT**
4. Centralized Care Coordination – **NEW REQUIREMENT**
5. Utilization Review – **UPGRADED STAFFING TO INCLUDE REGISTERED NURSE**

The Waiver mandates all Medicaid managed care delivery systems specifically demonstrate compliance with all regulatory requisites as outlined under the applicable provision of 42 CFR Part 438.

**DMC-ODS counties unable to demonstrate compliance will not be certified as a Medicaid managed care plan. Counties will be prohibited from providing DMC-ODS services and will not receive reimbursement for any DMC-ODS services rendered.*



10

CARE COORDINATION

1-844-385-9200

- Services are provided to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative or other community services to support their recovery
- Services are coordinated in all elements of program involvement to assist the beneficiary throughout treatment
- Services include:
 - Comprehensive assessment/reassessment
 - Transitions to higher/lower level of care
 - Development/revision of client plan including service activities
 - Communication, coordination, referral and related activities
 - Monitoring service delivery to ensure beneficiary access to service
 - Monitoring beneficiary progress
 - Patient advocacy, linkages to physical/mental care, transportation
 - Compliance with 42 CFR Part 2



11

TREATMENT AUTHORIZATION REQUEST

1-844-385-9200

- A **Treatment Authorization Request (TAR)** must be completed when:
 - *Requesting Withdrawal Management (ASAM Level 3.2)*
 - *Requesting Residential Treatment (ASAM Level 3.1, 3.3, 3.5)*
- TARs must have VCBH-Licensed Professional of the Healing Arts (LPHA) approval prior to submission
 - This is indicated on the TAR by documenting LPHA approving the request



12

TAR APPROVED - NOW WHAT? 1-844-385-9200

- Medi-Cal clients can go to the network provider of their choice as medically necessary, indicated by ASAM assessment;
 - VCBH outpatient clinics
 - Designated outpatient criminal justice provider (currently AAP)
 - Opioid/Narcotic Treatment Programs (Aegis and Western Pacific)
 - Residential & Withdrawal Management (Tarzana, Khepera and Prototypes)

- SUTS can assist with care coordination as requested

- [VCBH ADP Provider Directory](#)



QUESTIONS?

Ventura County Behavioral Health DMC-ODS Contact Information:

Dr. Loretta Denering Chief, Alcohol and Drug Programs Division	Loretta.Denering@ventura.org (805) 981-2114
Anita Catapusan Program Manager, DMC-ODS	Anita.Catapusan@ventura.org (805) 981-9209
Destiny Foster Care Coordination Manager, DMC-ODS	Destiny.Foster@ventura.org (805) 981-9222



**COUNTY OF VENTURA – BEHAVIORAL HEALTH ADVISORY BOARD
ACTION PLAN - Adult Services Committee**

As of 2/22/19

OBJECTIVE TITLE: Advocate for increased services to the older adult population (60+ y/o)

SPECIFIC OBJECTIVE: Advocate for the establishment of a Geriatric Inpatient services (IPU)

Ascertain updated and detailed data re: factors that contribute to need for IPU

- KEY INDICATORS:
1. Advocate for inpatient services for adults 60+ years old
 2. Written report summarizing local findings re: factors that contribute to need for IPU presented to County
 3. Creation of graphic service matrix of elder adult services for future publication and distribution

ACCOUNTABILITY: _____ TARGET COMPLETION DATE: June 30, 2019

ACTION STEPS	START DATE	COMPLETION DATE	ACCOUNTABILITY	ACTION STEP:		STATUS
				ON TARGET	DELAYED*	
1. Gather information to understand rationale for exclusion of adults 60+ y/o from HPC/IPU including contacting County counsel	1/4/2019	2/7/2019	Gane Brooking		<i>continued</i>	Gane has been unable to get assistance in contacting counsel - additional direction/assistance needed
2. Research inpatient options available to adults 60+ y/o in other counties/states	1/4/2019	2/7/2019	Gane Brooking/ Elizabeth Stone			Received list of LPS facilities throughout California from Peter 1/24/2019 Gane will contact CMH
3. Identify and invite speaker(s) from entity(ies) with potential for operating a geriatric IPU to present to adult services committee	1/4/2019	3/7/2019	Gane Brooking/ TBA		<i>continued</i>	As of 2/22/2019 , Gane has been unable to contact potential speaker(s) - additional direction/assistance needed

* Explain project delays in status column, revise target dates as required, and state actions required to overcome/remove obstacle(s).

	ACTION STEPS	START DATE	COMPLETION DATE	ACCOUNTABILITY	ACTION STEP: ON TARGET	DELAYED*	STATUS
4.	Research established indicators and factors that contribute to older adults meeting admitting criteria to a geriatric IPU	1/4/2019	4/4/2019	Elizabeth Stone/ TBA (seek assistance from VCBH with data)			
5.	Compile listing of all services for elder adults in county for design into a graphic service matrix	1/4/2019	4/4/2019	Denise Noguera/ Elizabeth Stone/ Gray Wilking			received some information from Area Agency on Aging (AAA), 1/24/2019
6.	Gather county-wide data (prevalence) on identified indicators and factors from #4	4/1/2019	5/2/2019	TBA (seek assistance from VCBH with data)			received some demographic data from Denise/AAA, 2/15/2019
7.	Assess veracity of anecdotal evidence suggesting high levels isolation and/or depression in older adults vis-à-vis data from #6; for example, where housed? access to technology?	4/15/2019	5/2/2019	TBA (seek assistance from VCBH with data analysis)			
8.	Present draft of design for service matrix to committee	4/4/2019	6/6/2019	Denise Noguera/ Elizabeth Stone/ Gray Wilking			

* Explain project delays in status column, revise target dates as required, and state actions required to overcome/remove obstacle(s).

COUNTY OF VENTURA – BEHAVIORAL HEALTH ADVISORY BOARD

ACTION PLAN - Adult Services Committee

As of 2/22/19

OBJECTIVE TITLE: Advocate for increased services to the older adult population (60+)

SPECIFIC OBJECTIVE: Advocate for enhanced Outpatient Service Options for Older Adults

KEY INDICATORS: 1. Support development of pilot (8-week?) site-based support groups for older adults

2. Advocate for peer specialists/peer support services for older adults

3.

ACCOUNTABILITY: _____ TARGET COMPLETION DATE: June 30, 2019

ACTION STEPS	START DATE	COMPLETION DATE	ACCOUNTABILITY	ACTION STEP:		STATUS
				ON TARGET	DELAYED*	
1. Determine locations of high-density housing complexes where large proportion of 'eligible' seniors reside	1/10/2019	2/7/2019	Denise Noguera/Gray Wilking			Completed For HASCB City Of Ventura (01/17/2019) Completed For All Sites Throughout Ventura County by Gray & Denise (2/5/2019)
2. Learn what/which support services (to all residents) are currently offered – include by whom and in which language(s) - in housing sites determined above	2/7/2019	3/7/2019	TBA		<i>continued</i>	awaiting assignment of person responsible
3. Identify current peer specialists who might be considered older adults and who might have an interest in facilitating support groups to elder adults	2/1/2019	3/7/21019	Elizabeth Stone/ Gane Brooking		<i>continued</i>	

* Explain project delays in status column, revise target dates as required, and state actions required to overcome/remove obstacle(s).

	ACTION STEPS	START DATE	COMPLETION DATE	ACCOUNTABILITY	ACTION STEP: ON TARGET DELAYED*		STATUS
4.	Outreach to peers who might be interested in being trained to run support groups (including Spanish speakers)	3/7/2019	4/4/2019	Elizabeth Stone/ TBA			
5.	Discuss with VCBH other areas/programs in which additional peers could be employed	3/7/2019	4/4/2019	TBA			
6.	Plan outreach to existing service providers at sites determined in step 1 to explore cooperative arrangements	3/7/2019	5/2/2019	TBA			
7.	Draft a plan for implementation with VCBH regarding other areas/programs in which peers could be employed	4/4/2019	6/6/2019	TBA			
8.	Explore funding for training of additional peers for skills running site-based elder adult support groups and/or areas/programs identified with VCBH	4/4/2019	5/2/2019	TBA			
9.	Explore entities to provide training/support for facilitating site-based support groups for elder adults and/or areas/programs identified with VCBH	4/4/2019	6/6/2019	TBA			

* Explain project delays in status column, revise target dates as required, and state actions required to overcome/remove obstacle(s).

COUNTY OF VENTURA – BEHAVIORAL HEALTH ADVISORY BOARD
ACTION PLAN – Prevention Committee
 As of 2/20/19

OBJECTIVE TITLE: Collaboration

SPECIFIC OBJECTIVE: Support and collaborate with VCBH and the BHAB in helping to prevent the onset of substance use disorders and mental health crises

- KEY INDICATORS:
1. Promote cannabis education and awareness (2018 through 2019)
 2. Facilitate spreading the word amongst partners, stakeholders and others concerning various issues In Ventura County.
 3. Advocate for prevention efforts within the community

ACCOUNTABILITY: BHAB Prevention Committee members and partners TARGET COMPLETION DATE: June 2019 and ongoing

ACTION STEPS	START DATE	COMPLETION DATE	ACCOUNTABILITY	ACTION STEP ON TARGET	ACTION STEP DELAYED*	STATUS
1. Identify prevention programs for parents related to SUDS issues.		11/13/18	Patricia Mowlavi and Jamie Banker	X		"New Start For Moms" site visit was completed and presented to BHAB General
2. Obtain information concerning cannabis grows and businesses in V.C.	5/14/18	5/14/18	Janis Gardner & Prevention Committee members	X		Ongoing- Education on cannabis businesses and grows will continue as more are opened in V.C. There was an educational Time Certain presentation by Joe Kyle, from "Joe Grow Consulting" entitled: "Regulating Commercial Cannabis Businesses to Prevent Youth Access"
3. Determine locations and programs for vulnerable populations, TAY, LGBTQ+ Youth populations.	July, 2018	Ongoing	Katherine Kashmir	X		Ongoing- "Straight Up" continues to focus efforts , educate and promote the Vulnerable Populations Initiative, which increases connections with Prevention Committee's members and partners, TAY Youth and LGBTQ+, in alignment with "Prevention Services Strategic Plan".

* Explain project delays in status column, revise target dates as required, and state actions required to overcome/remove obstacle(s).

	ACTION STEPS	START DATE	COMPLETION DATE	ACCOUNTABILITY	ACTION STEP ON TARGET	ACTION STEP DELAYED*	STATUS
4.	Obtain information and discuss Opioid and Cannabis Efforts in V.C.. Information to be shared with V.C. community at large.	8/14/18	Ongoing	Ongoing-Prevention Committee members	X		Ongoing- Educational awareness and updates about Opioid and Cannabis in V.C. was a Time Certain presentation by Dan Hicks, Manager, Prevention Services, VCBH. The purpose was to educate Prevention Committee members so they in turn can pass on pertinent information to the community at large.
5.	Explore ideas of reaching youth on pertinent issues within V.C.	9/11/18	Ongoing	Gabe Teran and Prevention Committee members and partners	X		Ongoing- Time Certain educational presentation from Gabe Teran, Ventura County Office of Education- Operations Specialist, on prevention efforts of the VCOE's Health & Prevention Programs concerning Suicide Prevention
6.	Identify outreach efforts concerning cannabis and youth	1/8/19	Ongoing	Janis Gardner, Prevention Committee members	X		Ongoing- Expansion of offerings on MJ Factcheck sites to include new reasearch and videos that explain issues surrounding cannabis. Time Certain Presentation by Dan Hicks, Manager, Prevention Services, VCBH

*Explain project delays in status column, revise target dates as required, and state actions required to overcome/remove obstacle(s)

COUNTY OF VENTURA – BEHAVIORAL HEALTH ADVISORY BOARD

ACTION PLAN – TAY Committee

As of 2/20/19

OBJECTIVE TITLE: Advocate for and update availability of TAY services related to work and volunteer opportunities and justice system

SPECIFIC OBJECTIVE: Identify strategies, including advocacy, to address gaps in services for the TAY population related to mental health and substance abuse treatment, work and volunteer opportunities, and the child welfare and justice systems.

- KEY INDICATORS:**
1. _____
 2. _____
 3. _____

ACCOUNTABILITY: _____ **TARGET COMPLETION DATE:** _____

	ACTION STEPS	START DATE	COMPLETION DATE	ACCOUNTABILITY	ACTION STEP ON TARGET	STEP DELAYED*	STATUS
1.	MHSA Needs Assessment, review report						
2.	Focus Groups, enhancement of schedule, maybe every 6 months						
3.	Use social media to disseminate to and engage TAY						

*Explain project delays in status column, revise target dates as required, and state actions required to overcome/remove obstacle(s).

COUNTY OF VENTURA – BEHAVIORAL HEALTH ADVISORY BOARD

ACTION PLAN - YOUTH & FAMILY COMMITTEE

As of 2/21/19

OBJECTIVE TITLE: Advocate for improved pediatric psychiatric hospital beds for children 0-12 and care coordination between providers.

SPECIFIC OBJECTIVE: Advocate for the availability of psychiatric hospital beds in the county for children 0-12. Advocate for communication and care coordination of medical information between care providers during hospitalizations.

- KEY INDICATORS:**
1. Invite Beacon and law enforcement to send representatives to this committee meeting.
 2. Get a flow chart of services that are available through the Crisis Team.
 3. Advocate for establishing a liaison with hospitals.
 4. Share grievance form from Dept. of Managed Health Care to request approval for privately insured children to receive inpatient services.

ACCOUNTABILITY: Denise Nielsen, Committee Chair TARGET COMPLETION DATE: 6/30/19

	ACTION STEPS	START DATE	COMPLETION DATE	ACCOUNTABILITY	ACTION STEP:		STATUS
					ON TARGET	DELAYED*	
1.	Obtain state grievance form that can be used by parents/guardians whose private health insurance has denied psychiatric hospitalization for their children.	1/9/19	1/9/19	Edith Pham (EP)	X		Information provided by Marika Collins of Casa Pacifica
2.	Provide committee members with copies of and links to the state grievance form that parents/guardians can fill out.	1/9/19	1/9/19	EP	X		http://www.dmhca.ca.gov/FileaComplaint.aspx . http://www.dmhca.ca.gov/FileaComplaint/IndependentMedicalReview/ComplaintForms.aspx .
3.	Identify contacts at Beacon, Ventura County Sheriff's Office, and police departments in Oxnard, Port Hueneme, Santa Paula, Simi Valley, Ventura.	2/13/19	3/13/19	Denise Nielsen (DN)			
4.	Invite above agencies to send a representative to the committee meetings	2/13/19	3/13/19	DN			

*Explain project delays in status column, revise target dates as required, and state actions required to overcome/remove obstacle(s).

	ACTION STEPS	START DATE	COMPLETION DATE	ACCOUNTABILITY	ACTION STEP: ON TARGET	DELAYED*	STATUS
5.	Contact Crisis Team Manager, request a flow chart of services that are available through that office	2/13/19	3/13/19	EP			
6.	Collect data on admissions to the Crisis Stabilization Unit and referrals out of county.	1/9/19	3/13/19	Dina Olivas			
7.	Gather information on the current process for admission to county and non-county emergency rooms and inpatient psychiatric facilities.	1/9/19	4/10/19	DN			
8.	Identify points in the hospital admission process where communication with VCBH can be strengthened.	1/9/19	4/10/19	DN			
9.	Advocate for specific opportunities for medical professionals involved in youth mental health to meet and communicate.	1/9/19	5/20/19	Dr. Acosta, Dr. Shaw			
10.	Present above information to VCBH and advocate for the use of a liaison between VCBH and ERS/inpatient psychiatric facilities.		5/20/19	DN			

*Explain project delays in status column, revise target dates as required, and state actions required to overcome/remove obstacle(s).



February 25, 2019

VENTURA COUNTY INNOVATIONS:

Conocimiento: Addressing ACEs Through Core Competencies

Kiran Sahota, MHSA Sr. Manager, Hilary Carson INN Administrator

Program Overview

INNOVATIONS

Program Goal: Prevention program aiming to utilize community collaboration to reduce adverse outcomes in adolescents living in poverty or with ACEs by increasing core competencies and building resilience.

Primary Purpose: To promote interagency and community collaboration related to mental health services

Community Planning Process: Submitted and reviewed by the community during the summer of 2016.

Time Limited: 4 Years



Program Focus

Population

Santa Paula: 30,441
 Fillmore: 15,420
 Piru: 2,063

Youth & Families Experiencing

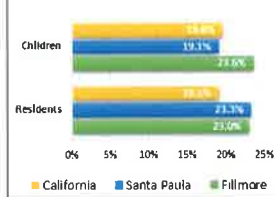
- Effects of adverse childhood experiences (ACEs)
- Stress due to poverty
- Stress due disparities in equity

Community Stress

- Disconnected youth
- Low academic performance scores High Schools
- Higher Suspension/Expulsion rates than state average
- Low Income
- Limited Transportation
- Small Rural Communities



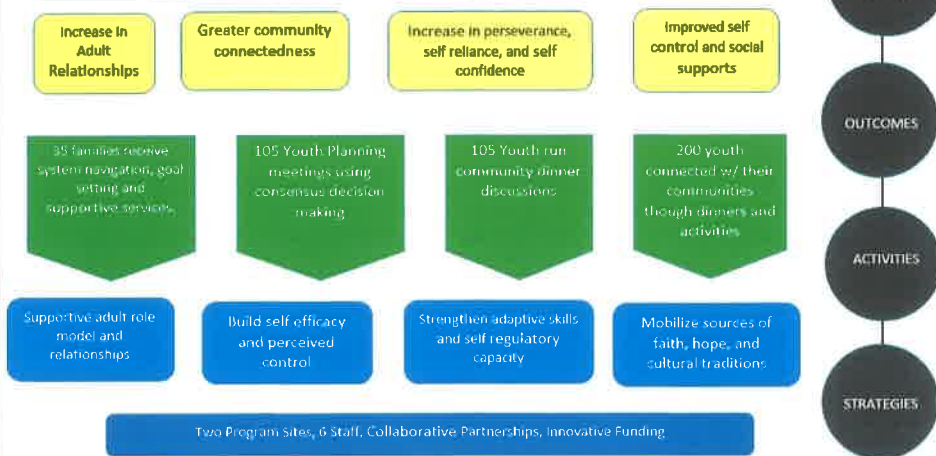
Children & Residents Living Below Poverty Level (2016)



3

Proposal

Resilient and connected youth who are less likely to develop mental illness



4

Evaluation: Questions and Measurable Outcomes

Research Question	Indicator	Measures (considered)
To what degree does the program have an effect on youth's resilience?	Improved Resilience, Perseverance, Equanimity, Self-Reliance, Authenticity	Resilience Scale 14 (RS-14)
Does program involvement increase the number of supportive adult relationships youth have?	Improved Adult Relationships – Non-Parent	Presence of a Very Important Adult
To what degree are youth's core competencies improved as a result of the program?	<ul style="list-style-type: none"> Improved Growth Mindset –Academics Improved Self-Control 	<ul style="list-style-type: none"> Revise Implicit Theories of Intelligence (RITI-3) Self-Control Scale of the Social Emotional and Character Development scale (SECDS-4)
To what degree was there a change in parenting self-efficacy?	Improved Parental Self-Efficacy and Positive Control	Multicultural Inventory of Parenting Self-Efficacy



5

Evaluation: Secondary Qualitative Questions and Outcomes

Research Question	Indicator	Measures (considered)
Were youth satisfied with the weekly meal programing?	Degree of Satisfaction with Program Elements	Focus Group /Survey Question
Do youth have a connection to faith and cultural tradition?	Degree of Connection to Faith and Culture	Focus Group
How satisfied were families with the program?	Degree of Satisfaction with Program Elements	Focus Group /Survey Question
To what degree did families feel less stress due to program involvement?	Lower Family Stress	Focus Group



6

Budget

BUDGET TOTALS					
	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
Personnel					
Direct Costs	\$213,591	\$203,890	\$209,862	\$216,014	\$843,357
Indirect Costs	\$50,501	\$49,600	\$51,066	\$52,576	\$203,743
Non-recurring costs					
Other Expenditures					
TOTAL INNOVATION BUDGET	\$264,092	\$253,489	\$260,928	\$268,590	\$1,047,100

Sustainability Plan: If successful, Project will be considered for a PEI program



Questions?

Kiran Sahota
 805-981-2262
kiran.sahota@ventura.org

Hilary Carson
 805-981-8496
hilary.carson@ventura.org



INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

COMPLETE APPLICATION CHECKLIST	
<p>Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:</p>	
<p><input type="checkbox"/> Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.</p> <p><i>(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)</i></p>	
<p><input type="checkbox"/> Local Mental Health Board approval</p>	<p>Approval Date: _____</p>
<p><input type="checkbox"/> Completed 30-day public comment period</p>	<p>Comment Period: _____</p>
<p><input type="checkbox"/> BOS approval date</p>	<p>Approval Date: _____</p>
<p>If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____</p> <p><i>Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.</i></p>	
<p>Desired Presentation Date for Commission: _____</p> <p><i>Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.</i></p>	

County Name: Ventura County

Date submitted: February 25th, 2019

Project Title: Conocimiento – *Addressing ACEs Through Core Competencies*

Amount requested: \$1,047,099

Duration of project: Four Years

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community-driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

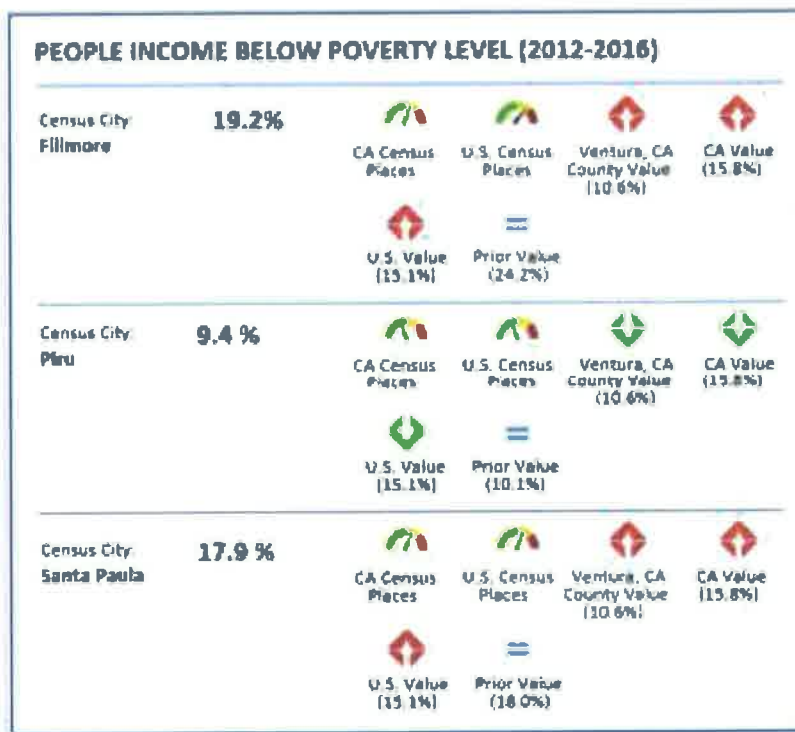
- Increases access to mental health services to underserved groups
- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes

Section 2: Project Overview

PRIMARY PROBLEM

Growing up in the picturesque Santa Clara Valley (Santa Paula, Fillmore, and Piru communities) does not provide the same educational or economic advantages as the rest of Ventura County. The area is one of the more rural in the county and has limited transportation options. In 2018, three of the four school districts had schools with more than 80% of children who qualified for free or reduced lunch programs, and some schools were as high as 95%. To qualify for such programs, a family of four would have survived on \$25,000 a year or less in a county where the average household income more than triples that amount at \$81,972 (U.S. Census 2018). Several of these families work multiple jobs, odd hours or long days, and many are farmworkers with few job benefits.

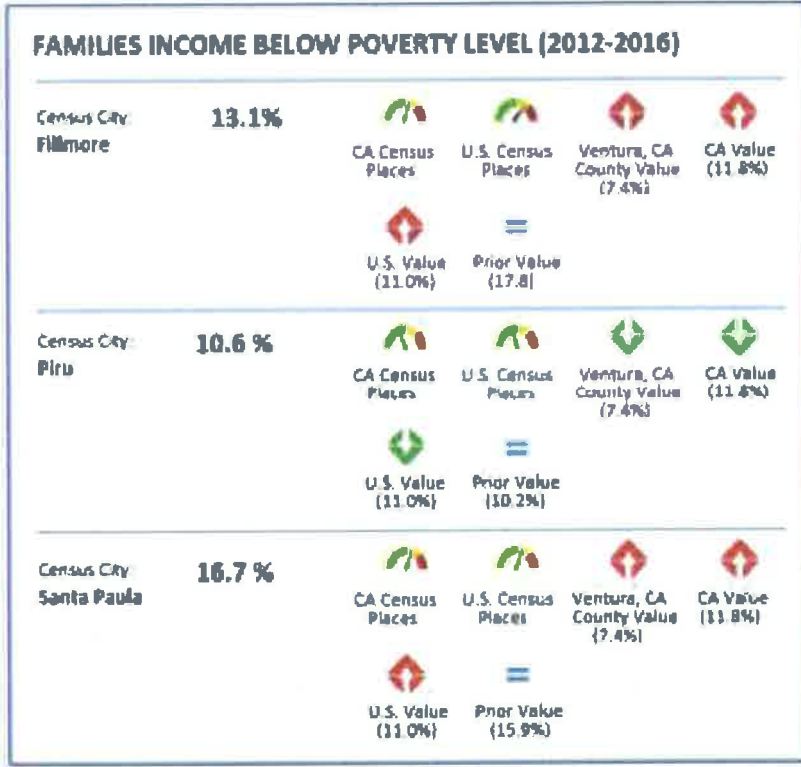
The area suffers from many of the same issues as other rural small towns. School resources are limited, with just two high schools across the three regions. The population is more than 95% Hispanic, with high levels of English learners in schools. School suspension rates in Santa Paula double the state average, and Fillmore and Santa Paula have expulsion rates that also double the state average (California Department of Education, 2018). There are few activities beyond school sports, and limited transportation means many teens hang around with few organized interests to keep them occupied past 5th grade,



especially if a low GPA means students can't qualify for school sports. Academic performances measures for English and math often remain orange (meaning, a rating of 2 out of 5) year after year on the California School Dashboard's site. And although the Santa Clara Valley does not have the same level of disparities as South Los Angeles or extremely rural communities, but it is considerably lacking when compared to the rest of the county.

Two afterschool programs have been developed with community support that offer youth positive environments to spend their time. One Step a la Vez was established in 2009 and is located in Fillmore. Ignite is a newly established (2017) teen program located in Santa Paula. A few youth at the One Step

Center in Fillmore highlighted the limitations of their experiences. One 13-year-old had never even been to the beach in Ventura, which was a mere 30-minute drive. Another youth said he had never gotten out of the car in Santa Paula, which was 10 miles away, because he was worried about the possibility of being jumped if someone found out he was from Fillmore. This speaks to a long-standing rumor of rivalry between the two cities. As with many small towns in rural areas, rivalries emerge and are encouraged through sporting events. During the late '80s and early '90s, both areas had significant gang rivalries that still have some (mostly rumored) lingering effects today.



Given the history of the two town dynamics, one idea submitted during the FY16/17 community planning process was about uniting the two communities with the goal of building from each community's strengths and resources rather than separating and competing. A forum was held on the proposed idea, and 35 youth from Fillmore and Santa Paula attended. The teens discussed their desires to leave the past behind, expand creative opportunities, and get to know each other better.

ACEs, or the Adverse Childhood Experiences, has become a rallying cry. ACEs combines years of research into a single acronym that's synonymous with broad understanding of the predictive health and functioning risk factors of adverse experiences in childhood. ACEs information blankets the internet in multiple articles, TED talks, dedicated pages on the CDC, and the SAMHSA website. National Public Radio (NPR) even has a webpage that encourages the public to learn about the assessment and take it. All sites intend to get the word out about the predictive nature of these ACEs scores; however, in determining what type of intervention is an effective counterpunch to these predictors has yet to be broadly understood. Resilience is repeatedly listed as the key element to counteract ACEs risks. Testing

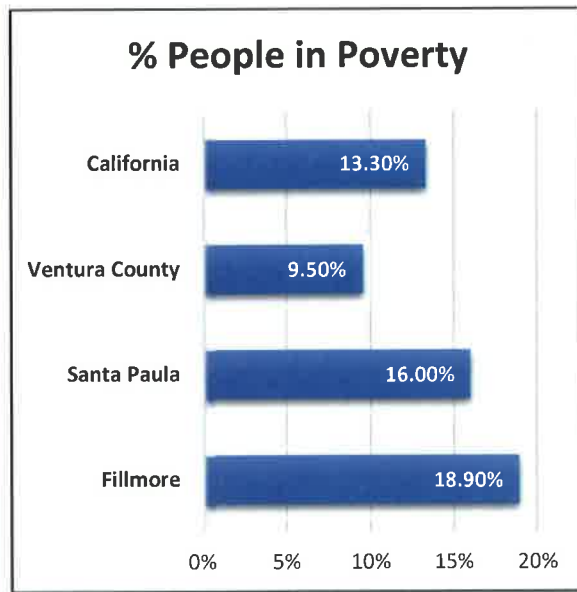
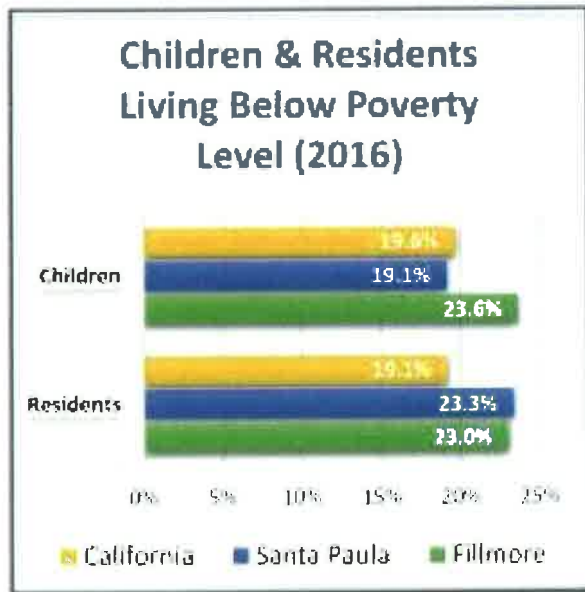


what that means and how to build it is the heart of the proposed project: Conocimiento. This program will combine the science of building up resilience, the power of community involvement and the innovative support of the Mental Health Services Act to test the effects on preventative mental health.

The communities of the Santa Clara Valley are heavily invested in building better environments that foster resilience and counteract negative experiences of ACEs that can have lifelong effects on their youth. Protective experiences and well-developed coping skills are effective equalizers to significant ACEs and the ongoing stress of living in poverty. One way to build these skills is through regular family dinners, which incorporate many of the resiliency strategies naturally; however, given the irregular schedules of the working poor, regular family dinners are not always feasible. According to the Center on the Developing Child at Harvard, research indicates the presence of the following four factors as the most effective strategies to building resilience.

- Facilitating supportive adult relationships;
- Building a sense of self-efficacy and perceived control;
- Providing opportunities to strengthen adaptive skills and self-regulatory capacities;
- Mobilizing sources of faith, hope and cultural traditions (developingchild.harvard.edu)

These capabilities can be developed at any age, but the following program is designed on the premise of promoting development of each of these areas over a four-year period for youth and their family members who are 13-19 years of age.



PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

Two teen centers located in Fillmore and Santa Paula will partner to implement Conocimiento, a supportive and supplemental program to the teen centers' activities. Once a week, meals will be planned and attended by youth at the opposite site. Transportation, one of the major barriers to interaction, will be provided. Meals will be part community building and part skill building with a list of topics and guest speakers with the intentions of fostering executive functioning (adaptive skills and self-regulatory capacities) and resilience in the participants. Topics, which will be split into nine focus areas over a four-week period. Will include:

- Decision making and prioritizing skills
- Mental Health awareness/treatment/access
- Building social capital
- Self-assessment/goal setting
- Perseverance and impulse control
- Emotional identification
- Cultural identity
- Independent living skills
- Future focus planning

The weekly program will build toward a summer event that's chosen and designed by the youth participants through a consensus decision-making process so all perspectives are considered. Consensus decision-making is a process that's designed to take additional time and allow each youth's perspective to be valued. Some ideas that have already been brought forth by the youth include designing and painting a mural, filming a mental health awareness video, and planning a weekend retreat.

The community will play a supportive role through collaborative partnerships. City Council representatives have pledged to present at these dinners. High school administration teams are willing to invite staff on campus and make referrals, and

Probation will identify youth for referral and recruitment into the program. Behavioral Health will partner through outreach for youth who are in need of mental health services and provide referrals for youth currently in treatment who are in need of local supportive programming. Community members will be invited to attend the meals and help facilitate the small group discussions that will take place after dinner.

A family liaison will support the program by providing outreach and recruitment to the families of youth. Families will be invited to participate, but it will not be a requirement of the program participants. Families willing to enroll will receive in-home services designed to offer non clinical case management, system navigation, parent support meetings, skills development and emergency resources for high-need families. They will also establish routines such as family dinners. The current goal is to include local community leaders, elders, and professionals to assist in the support of these families.

A variety of short assessments will be completed upon enrollment and bi-annually through a survey app that will track progress. Participant and personal ACEs information will remain anonymous. This is an important factor in the two small towns, particularly for our LGBTQ youth and their families and for our undocumented community members.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

The project applies a promising community-driven practice or approach that has been successful in a non-mental health context or setting to the mental health system. Family dinners have been well documented in home and in communities to foster parent child relationships. This project proposes to apply this approach through a community mental health prevention program and study the effects on youth and parent participants.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

Years of scientific research has demonstrated many physical, mental health and academic benefits of family dinners. Research links regular family meals with healthier eating habits and the reduction of high-risk teenage behaviors such as “drug use and teen pregnancy, lower rates of depression and anxiety, stronger resilience and self-esteem, and even higher grade point averages and improved vocabularies” (www.The Good Project.org, Harvard Graduate School of Education). Resilience is the key component to combating many of the lifelong risks associated

with ACEs. The program is designed to combine these promising practices with family style dinners, meaningful conversation and the building of core competencies.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

Two hundred youth will be served through this program, or fifty youth per year. Fillmore averages 20 to 40 kids per day who attend their afterschool drop-in center. Santa Paula averages 30 to 50 youth twice a week. In order to see an effect, participants would need to commit for at least four months to be considered fully enrolled and completion being one year. A goal of 50 participants per year or 200 over the four years of services is achievable for the centers and would allow a dosage measurement and comparison for the evaluation.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

Within the predominantly Latinix population focus will be on youth with experiences of ACEs, juvenile incarceration and childhood poverty. Additionally, LGBTQ+ youth support groups exist in both cities and will be targeted for participation. Due to size of the communities, there will be no eligibility qualifications. All interested youth will be invited to participate. The evaluation plan proposes ways to drill down on the target population though program intake assessments. If this approach exceeds the budget and staff capability, eligibility standards can be added in later years, although the hope is this will not be needed. Multivariate perspectives will be used and compared though the demographic intake and assessment, which would anonymously identify the above targeted groups.

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

The program is designed to prevent mental illness though increasing protective factors associated with the risks of ACEs. The project attempts to replicate some of the benefits of family dinners though a community collaboration program focused on building youth resilience, increasing core competencies, and community connectedness. Efforts to find similar programs did not yield any comparable results.

- B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.***

A literature review was performed using several peer-reviewed journal databases, including Research Gate, the U.S National Library of Medicine, National Institutes of Health (NIH), JStore and Google Scholar, among others. A close review of the Center on the Developing Child at Harvard University website indicated the proposed program would utilize some of the latest research to create a program that was not currently being tested. This project is not a part of the Center on the Developing Child. An adjacent review of the Family Dinner project, in partnership with The Good Project under Harvard Graduate School of Education, also indicated our theory of replicating positive effects through community support was untested. The proposed project is not affiliated with The Good Project or Harvard Graduate School of Education.

A secondary review of Innovation projects among all counties was made in the fall of 2019. A close assessment of the Urban Beats program in San Diego generated key differences that administration felt were different enough to continue pursuit of the approval process. Whereas Urban Beats is a supplemental program for youth enrolled in mental health services, Conocimiento is a prevention program. Primary intervention of Urban Beats is expression through art, whereas the primary goal of Conocimiento is to build resilience in youth to reduce ACEs risks and reduce stress by supporting their families.

LEARNING GOALS/ PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

- A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?***

In accordance with MHSA INN regulations, learning goals have been outlined to strengthen, grow or improve resilience as defined by Center for the Developing Child at Harvard:

- Facilitating supportive adult relationships;
- Building a sense of self-efficacy and perceived control;
- Providing opportunities to strengthen adaptive skills and self-regulatory capacities;
- Mobilizing sources of faith, hope, and cultural traditions

Learning Goals

Youth Participant Main Goals

1. To what degree does the program have an effect on youth's resilience?
2. Does program involvement increase the number of supportive adult relationships youth have?
3. To what degree are youth's core competencies improved as a result of the program?
4. To what degree was there a change in parenting self-efficacy?

Youth Participants Secondary Goals

5. Were youth satisfied with the weekly meal programming?
6. Do youth have a connection to faith and cultural tradition?
7. How satisfied were families with the program?
8. To what degree did families feel less stress due to program involvement?

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The program seeks to counteract risks of ACEs through building core competencies, community connections and bolstering resilience in participants to prevent the onset of mental illness. Learning goals are based off key reliance indicators and participant satisfaction. Program strategies are designed specifically to build core competencies, expand exposure to community resources and practice executive functioning, which are all identified as skills that contribute to resilience. Core competencies are defined as adaptive skills and self-regulatory capacities. Further defined in the data measures as the ability to prioritize commitments, practice impulse control, persevere and solve problems creatively.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

Target Participants

Youth ages 13 to 19 who have undergone or are undergoing ACEs and live in the Santa Clara Valley.

Data Collection

Data to be collected will include participant demographics, the attendance frequency, level of participation (dosage), and outcome surveys, which will be collected through an online survey platform. Secondary goals of satisfaction, cultural connection and family stress will be assessed through annual focus groups. A qualitative and quantitative process design method will be used to evaluate the learning goals, using the above data. Self-reporting survey data will be evaluated to establish a baseline for comparison of pre- and post-intervention. Online pre- and post-surveys will measure self-reporting of dosage and targeted outcomes. Dosage will be defined as number of meals and planning sessions youth attended in a semester. Dosage and outcome surveys will be administered at intake and twice a year for the duration of the program. ACEs information will be taken twice; first, at intake and again at the end of the program. Program end will be defined as Semester 3, Year 4 of the program, or upon the summer after graduation for youth 18 to 19 years of age (whichever comes first). Efforts, such as outreach at the schools, phone calls, and possible incentives will be made to follow up with participants who drop out of program. Focus groups will take place once a year for youth and family member participants separately.

The following table outlines the measures are currently being considered in relation to the Learning Goals. Psychometric properties were taken in to consideration for all measures under consideration. Each of the measures have quantifiable attributes (to be valid and reliable) regarding the listed indicators. Additional considerations in the selection of measures included available and tested version in Spanish, previous use with similar population (at risk youth), and brevity.

Youth Learning Goal	Measures Under Consideration	Indicator	Timing
Q.1.	Resilience Scale 14 (RS-14)	Improved Resilience, Perseverance, Equanimity, Self-Reliance, Authenticity	Intake/ Biannual/ Discharge
Q.2.	Presence of a Very Important Adult	Improved Adult Relationships – Non-Parent	Intake/ Annual/ Discharge
Q.3.	Revise Implicit Theories of Intelligence (RITI-3)	Improved Growth Mindset – Academics	Intake/ Annual /Discharge
Q.3	CRAFFT Questionnaire Version 2.1	Lower Use / Risk of Substance Abuse	Intake/ Annual/ Discharge
Q.1.	Self-Control scale of the social emotional and character development scale (SECDs-4)	Improved Self-Control	Intake/ Annual/ Discharge
Q.1.	Community Engagement and Connections Survey-Connection to Community Subscale (CEC-5)	Improved Community Connectedness	Intake/ Annual/ Discharge

Q.4	Family Strengths Index	Improved Economic, Communication, Problem Solving, Social Support and Cohesion Strengths	Intake/ Annual/ Discharge
Q.4	Multicultural Inventory of Parenting Self-Efficacy	Improved Parental Self-Efficacy and Positive Control	Intake/ Annual/ Discharge
Q.6.	Focus Groups	Degree of Connection to Faith and Culture	Annual
Q.5.	Focus Groups	Degree of Satisfaction with Program Elements	Annual
Client Profile	ACEs + Poverty and Immigration	Risk Profile	Intake/ Discharge
Client Profile	MHSA Demographic Regulations	Demographics	Intake

Secondary Learning Goals	Measures	Indicator	Timing
Q.5.	Focus Groups	Degree of Satisfaction with Program Elements	Annual
Q.6.	Focus Groups	Degree of Connection to Faith and Culture	Annual
Q.7.	Focus Groups	Degree of Satisfaction with Program Elements	Annual
Q.8.	Focus Groups	Lower Family Stress	Annual

Data Collection Procedures

- Weekly Meal Program (N=200)**
 Intervention will involve participating in the planning and attendance of weekly meals for at least one school year. Partial enrollment will be considered for at least four months of consistent participation. At the program’s midway point and again at one year, participants will complete an online survey set that tracks progress and outcomes. Participants will repeat the outcomes survey set biannually with the exception to intake ACEs survey. All measures, including the ACEs survey, will be repeated at Year 4 Semester 3 or at discharge, whichever comes first.
- Family Support (N=35)**
 Intervention for family participants will include in-home support services for skill building, case management, parent education, emergency resources and parent support meetings. Parent engagement efforts have failed in the past; thus, the target enrollment has been set low and will be designed to take place in the home as often as possible. One online survey

will be administered to participants at intake and annually two measures are being considered and are listed in the above tables.

Data Analysis

Data analysis is the process and outcomes evaluation of the program. Evaluation data will be screened and reviewed in multiple forms, including measuring the effect in three population's low risk ACEs scores (0-1), medium risk scores (2-4), and high risk (scores over 5). Any ACEs score is an important consideration of a youth's development and may impact each youth differently. Score sets have been defined as low-high for evaluation purposes only not to rank the effects of any ACEs. Within these areas, data that includes age, demographics and sex will be reviewed.

Data will be reviewed to establish the effect intervention had on resilience, problem solving, connectedness, adult relationships and self-control for youth. For family participants, data will be reviewed to establish the effect intervention had on parenting self-efficacy and potentially, family strengths. Data will be compared by age demographic of the participants and ACEs risk groups (low, medium and high risk) using t-tests and chi-square analyses. Comparison of continuous measures and scores will be conducted by age and clinical characteristics.

Because of potential differences in the level of engagement of the youth and family participants, and to account more directly for the dosage, additional analyses will be performed repeating all the analyses above. This will include only individuals who participated regularly over one year and those who had irregular participation. The groups will be compared by t-tests. Additional analysis may be relevant and decided as the program grows.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

The County will oversee all program activities and monitor contract adherence. Quarterly reports and biannual contract meetings will take place with the contractors. One Step a la Vez and Roadrunner are current county contractors that have held and successfully completed contracts in the past. Catalyst church, the current underwriter of Ignite, would be a new contractor to the county. Ignite was the only site in Santa Paula willing and able to execute this project. Please refer the community program planning process for details of this partnership. Transportation will be provided by Road Runner a current and reliable county contractor with an existing service contract.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

The Community Program Planning Process

The County modified its approach to the Community Planning Process in 2016. Based on these changes, community forums were held in three geographic regions of the County, all with translation services available. Community members were trained on MHSA rules and regulations, Guiding Principles, and Innovation criteria. Community members were asked to submit ideas for needed program and innovative concepts. Needs and concepts could be contributed to the meeting by writing on the provided posters on the wall, picking up a submission form or completing information online. In addition to community forums, this training was provided for several groups and committees to invite their participation. A full list of community needs, as well as 52 innovative concepts, were compiled.

The MHSA Planning Committee

The MHSA Planning Committee reviewed all 52 innovation concepts, along with a small accompanying literature review, that highlighted which programs after a preliminary search seemed to be new concepts. The Planning Committee was comprised of Behavioral Health Advisory Members (BHAB) who were members of or represented the following populations: Consumers, Youth, Transitional Age Youth, Law Enforcement, Older Adults and Adults. The group picked five innovative project ideas to pursue. The final list with the highest number of votes was compiled and presented to the full Behavioral Health Advisory Board for approval.

The Communities

Members of the One Step a La Vez teen program submitted the original idea in 2017 and were agreeable to expanding their programming for this new service. Santa Paula did not have a teen center at the time, so the County approached several community members and various service leaders, including local schools and county nonprofits operating in the area. In the spring of

2018, Ignite had been in operation a few months and agreed to explore hosting the program expansion. Ignite hosted a youth forum (complete with pizza) that brought 35 youth from Fillmore, Piru and Santa Paula together to discuss program interest and ideas for uniting the communities. Most youth felt the stereotypes of the other's town were mostly rumors that were sustained by the sports rivalry. They also felt transportation was one of the most difficult obstacles to getting together. Youth left the event reporting their excitement about the program's potential. In the months since, city council members, high school administration and other community organizations have pledged their support to this proposed program.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

- A) **Community Collaboration:** Both cities have been actively involved in the development of the program idea, and a long list of local and county entities have committed to be collaborative partners.
- B) **Cultural Competency:** The program was conceived, developed and adapted by the youth living in the community. Youth and staff, the majority of whom identified Hispanic, were from the area and were current participants in the two active youth centers. Special consideration has been made for privacy, LGBTQ+ youth, undocumented families and families experiencing intergenerational trauma.
- C) **Client-Driven:** The services engage families and youth participants in the program and are designed to facilitate integrated services in partnership with county services.
- D) **Family-Driven:** Families are invited to participate in a separate set of services, either in addition to youth services or with a youth eligible for services, to support and recruit families who don't have a youth interested in participating. This is also for youth who do not have parents interested in participating.
- E) **Wellness, Recovery, and Resilience-Focused:** The program is designed to build resilience and prevent the risk of developing mental illness.
- F) **Integrated Service Experience for Clients and Families:** The program has been developed in partnership with Ventura County Behavioral Health, Probation, Juvenile Services, Fillmore Schools and Santa Paula Schools. Target youth can be identified and incentivized if needed through any of these avenues. They can also self-enroll or be recruited through families who choose to participate in the parent service component. The goal is to create a network that is responsive to youth who need positive connection and are ready to take action.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

All measures being considered have Spanish versions and have been tested and verified in Spanish. Team members, (staff, community committed volunteers, and peer leaders) will review and decide upon final measures during the program planning phase. Team members will consider youth perspectives that may be bicultural, LGBTQ+, criminal justice involved, or undocumented.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion.

If the program demonstrates a measurable effect, the program will be considered for further funding under PEI dollars. This program may be modified or expanded to other communities as part of a menu of supportive services for schools in line with SB1004.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

Individuals with SED/SPMI are not the target for services. The program is designed to be a prevention program, but SPMI/SED are eligible to participate. Individuals who display symptoms of mental illness or equivalent of SED/SPMI will be referred to Ventura County Behavioral Health through an integrated service delivery model.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

A documentary video will be part of the program process. Videos will be posted on the county website, shown at the partnering high schools and shared with the city councils and Behavioral Health Advisory Board.

B) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search
Family Dinner, Resiliency, community building, core competencies, at-risk youth.

TIMELINE

- A) Specify the expected start date and end date of your INN Project
- B) Specify the total timeframe (duration) of the INN Project
- C) Include a project timeline that specifies key activities, milestones, and deliverables — by quarter.

Semester and Year	Activities	Milestone
Trimester 1, Year 1	Hiring and planning period. All program staff hired and trained. Staff trainings to include RISE, ACEs, Mandatory Reporting, and County Policy. Community volunteers recruited to assist in family groups. All team members review and decide upon outcome measurements. VCBH partnership training. Equipment purchased. Survey database built and tested by staff. Quarterly report completed	Program prepared to launch
Trimester 2, Year 1	Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. One parent meeting takes place. Summer event is planned. Two quarterly reports submitted.	Enrollment begins; first semester completed
Trimester 3, Year 1	Summer Event: Possible idea – Retreat Final Quarterly Report Completed for year 1.	Youth must be involved prior to summer events
Trimester 1, Year 2	Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. Summer event decided. Parent education group takes place. First quarterly report due	Programing continues; full enrollment scheduled
Trimester 2, Year 2	Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. Summer event planned. Parent education group takes place. Two quarterly reports submitted.	Programing continues
Trimester 3, Year 2	Additional youth leaders hired and trained. Summer event: Community Art Project. Quarterly report completed.	Midway point
Trimester 1, Year 3	Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. Summer event planned. Quarterly report completed	Programing continues
Trimester 2, Year 3	Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. Two quarterly reports submitted.	Programing continues
Trimester 3, Year 3	Additional youth leaders hired and trained. Summer event: Retreat. Quarterly report completed.	Final year of programing begins
Trimester 1, Year 4	Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. One parent education group takes place. Summer event planned. Quarterly report completed.	Program enrollment ends
Trimester 2, Year 4	Youth plan and implement 15 weekly dinners to take place. Four topic areas covered. Video event takes place at partner sites. Two quarterly reports submitted.	Data collection complete
Trimester 3, Year 4	Final summer event. Program evaluation completed and dissemination activities take place. Accessed for permanency as a prevention program though MHSA Evaluation Committee.	Final video documentary; final evaluation report

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSOAC funds are being utilized:

- A) *BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)*
- B) *BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)*
- C) *BUDGET CONTEXT (if MHSOAC funds are being leveraged with other funding sources)*

A. BUDGET NARRATIVE

OPERATING COSTS

Indirect Costs: VCBH Administrative Allocation (15%) – County standard administration cost allocation includes personnel, equipment, office space, taxes, etc. Evaluation provided in house for this project and is included in the allocation.

Total Indirect Costs: \$136,591

CONSULTANT COSTS/CONTRACTS

Santa Paula Youth Services Contract:

Direct Costs:

Personnel:

Project Director, *Project Director will be responsible for the supervision, oversight & implementation of the proposed project. Coordinate trainings and provide supervision for staff.*

Time to Project 80 hours for 48 months FTE; Total Project Salary= \$118,731.33

Assistant Project Manager, *Assistant Project Manager will assist the Project Director on oversight & implementation proposed project. Attend team meetings, lead youth planning meetings when needed, coordinate youth transportation, and assist Parent Liaison in duties as needed.*

Time to Project 52 hours for 48 months FTE; Total Project Salary= \$46,990.50

Parent Liaison, *Parent Liaison will be responsible for communication between project staff and team member's parents. Provide in home support and assessments, coordinate transportation as needed to fulfill family personalized goals. Offer emergency assistance as agreed by team for high need families. Connecting parents to support groups and relationship building between project staff and project team member's parents. Attend team meetings and support program as needed.*

Time to Project 43 hours for 48 months FTE; Total Project Salary= \$32,632.29

Benefits: (10%) Total = \$19,835.41

Total Personnel = \$218,189.54

Operating Costs: Program materials, guest speakers, meals, youth incentives, field trips, supportive services, video production, and summer events.

Operating Costs: \$ 173,968.64

Non-Recurring Costs: Recreation equipment, 2 computers, printer, camera, cooking equipment, round tables and chairs.

Non-Recurring Costs: \$ 11,000.00

Indirect Costs: (15%) Overhead cost allocation of contractor.

Indirect Costs: \$29,753.12

Total Santa Paula Youth Services Contract: \$432,911.30

Fillmore Youth Services Contract:

Direct Costs:

Personnel:

Project Director, *Project Director will be responsible for the supervision, oversight & implementation of the proposed project. Coordinate trainings and provide supervision for staff.*

Time to Project 150 hours for 48 months FTE; Total Project Salary= \$150,610.57

Assistant Project Manager, *Assistant Project Manager will assist the Project Director on oversight & implementation proposed project. Attend team meetings, lead youth planning meetings when needed, coordinate youth transportation, and assist Parent Liaison in duties as needed.*

Time to Project 55 hours for 48 months FTE; Total Project Salary= \$49,400.27

Parent Liaison, *Parent Liaison will be responsible for communication between project staff and team member's parents. Provide in home support and assessments, coordinate transportation as needed to fulfill family personalized goals. Offer emergency assistance as agreed by team for high need families. Connecting parents to support groups and relationship building between project staff and project team member's parents. Attend team meetings and support program as needed.*

Time to Project 55 hours for 48 months FTE; Total Project Salary= \$ 49,400.27

Benefits: (10%) Total = \$24,941.11

Total Personnel = \$274,352.22

Operating Costs: Program materials, guest speakers, meals, youth incentives, field trips, supportive services, video production, and summer events.

Operating Costs: \$72,820.66

Non-Recurring Costs: Recreation equipment, printer, camera, cooking equipment, conversation games, t-shirts.

Non-Recurring Costs: \$ 4,500.00

Indirect Costs: (15%) Overhead cost allocation of contractor.

Indirect Costs: \$37,411.67

Total Fillmore Youth Services Contract: \$389,084.55

Transportation Services Contract

Operations: Transportation services weekly meals 10-30 passengers and additional small group transportation for field trips, family appointments, and events.

Operating Costs: \$88,526

Total Transportation Contract: \$88,526

TOTAL CONSULTANT/CONTRACTORS = \$ 910,521

BUDGET TOTAL

TOTAL INNOVATION BUDGET = \$1,047,099

B. BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*							
EXPENDITURES							
PERSONNEL COSTS (salaries, wages, benefits)		FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1.	Salaries						
2.	Direct Costs						
3.	Indirect Costs						
4.	Total Personnel Costs						
OPERATING COSTS		FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
5.	Direct Costs						
6.	Indirect Costs		\$34,447	\$33,064	\$34,034	\$35,033	\$136,578
7.	Total Operating Costs		\$34,447	\$33,064	\$34,034	\$35,033	\$136,578
NON RECURRING COSTS (equipment, technology)		FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
8.							
9.							
10.	Total Non-recurring costs						

CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
11.	Direct Costs		\$213,591	\$203,890	\$209,862	\$216,014	\$843,357
12.	Indirect Costs		\$16,054	\$16,536	\$17,032	\$17,543	\$67,165
13.	Total Consultant Costs		\$229,645	\$220,426	\$226,894	\$233,557	\$910,522
OTHER EXPENDITURES (please explain in budget narrative)		FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
14.							
15.							
16.	Total Other Expenditures						
BUDGET TOTALS							
Personnel (line 1)							
Direct Costs (add lines 2, 5 and 11 from above)			\$213,591	\$203,890	\$209,862	\$216,014	\$843,357
Indirect Costs (add lines 3, 6 and 12 from above)			\$50,501	\$49,600	\$51,066	\$52,576	\$203,743
Non-recurring costs (line 10)							
Other Expenditures (line 16)							
TOTAL INNOVATION BUDGET			\$264,092	\$253,489	\$260,928	\$268,590	\$1,047,100

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

C. BUDGET CONTEXT

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1.	Innovative MHA Funds		\$25,835	\$24,798	\$25,526	\$26,275	\$102,434
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Administration		\$25,835	\$24,798	\$25,526	\$26,275	\$102,434
EVALUATION:							
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN	FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL

Project by FY & the following funding sources:							
1.	Innovative MHSA Funds		\$8,612	\$8,266	\$8,509	\$8,758	\$34,145
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation		\$8,612	\$8,266	\$8,509	\$8,758	\$34,145
TOTAL:							
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY xx/xx	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1.	Innovative MHSA Funds		\$264,092	\$253,489	\$260,928	\$268,590	\$1,047,100
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Expenditures		\$264,092	\$253,489	\$260,928	\$268,590	\$1,047,100
*If "Other funding" is included, please explain.							

OPINION

The need for more in-patient psychiatric beds

Mary Haffner, Guest columnist Published 10:29 a.m. PT Feb. 17, 2019 – Ventura County Star
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The de-institutionalization of the severely mentally ill is one of the largest failed social experiments in American history. The hope was that people suffering from serious forms of brain dysfunction—schizophrenia, bi-polar, severe depression, and other psychotic disorders could stop being warehoused in asylums and instead receive treatment through community-based programs.

Relying solely on “in the community” programs, however, has proven gravely insufficient and instead of warehousing our most ill in mental hospitals, we now warehouse them in jails and prisons, overcrowded hospital emergency rooms, and on our streets where they have been relegated to fend for themselves, untreated, suffering not only from severe mental illness, but also a myriad of other physical diseases. From ethical, moral, and fiscal standpoints, the results of this failed experiment have led to indefensible consequences.

After the passage of Proposition 63 in 2005, California has spent over \$1 billion annually on mental health programs with little to show for it because the vast majority of that money has gone to the “worried well,” not those who need it the most — people with the most seriously life-altering psychiatric disorders. We spend a fortune treating that percentage of the population with mild symptoms while shamefully neglecting the 4-5 percent of the population with severe problems. Instead of spending money to house our mentally ill in jails and prisons, we need to funnel resources into funding humane, science-based, and long-term cost-effective treatment for the seriously mentally ill.

Part of that treatment must include longer-term in-patient psychiatric care. The longer people with serious mental illness wait for treatment or receive ineffective treatment and the quicker we kick them out into the street, the more likely they will deteriorate and need more intensive and more expensive treatment for a longer period of time. The human and economic cost to society is far greater because we fail to provide the right treatment.

The current system discourages states to utilize in-patient care and incentivizes hospitals to turn away the mentally ill because an exclusion in the Medicaid law prohibits states from using Medicaid dollars to cover their care. This IMD (Institutions of Mental Disease) exclusion has made it financially beneficial for states to have as few public psychiatric beds as possible and to push our most ill toward insufficient outpatient-only treatment.

This IMD exclusion also results in the homelessness to prison pipeline where society pays millions if not billions of dollars each year to sustain a system where the sick get sicker. These economic costs also include the extreme drains on our court, criminal justice, and law

enforcement systems. We need to get rid of this exclusion so that we can begin to deliver the proven treatment our most ill need.

As of November of last year, states can apply for a waiver of the IMD exclusion. California counties need to contact their state representatives and let them know of the urgent need for this waiver.

The Ventura County Behavioral Health Advisory Board will be addressing this issue at their next meeting, where I will be asking that we request that the Board of Supervisors draft a resolution requesting a waiver of the IMD exclusion.

Last year, many of us tried to pass AB 1971 to allow hospitalization of those so sick with mental illness that they didn't know they were dying on the street. This law didn't pass. I believe our lawmakers don't understand that these people don't have the mental capacity to meaningfully exercise their civil rights and we need to help them.

AB 1971 was an attempt to treat a symptom of a tragic and widespread systems failure — a systems failure due, in part, to the IMD exclusion. Let's hope that this time, our leaders will support a waiver of this harmful exclusion so we can provide better treatment to the seriously mentally ill.

Argument in Favor of California Applying for the IMD Exclusion Waiver February 7, 2019

Discussed during the BHAB General Meeting on February 25, 2019

The IMD Exclusion Waiver, recently granted by CMS, has initiated a debate in California whether to apply for this funding. Initial statements from state government officials point to an inexplicable lack of urgency and even possible delay until the existing waiver expires in 2020. The connection between the levels of care this money could buy, the continuing lack of access without it, and the crisis that is occurring throughout the entire criminal justice system of California is inseparable. It affects the courts, judges, the jails, prosecutors, public defenders, prisons, state hospitals, law enforcement, everyone in the entire system. The IMD waiver is essential if we are to narrow the access and funding gaps between the outpatient system and more acute levels of care including inpatient mental health treatment. The people with serious mental illness who are revolving through the jails, short-term hospitalizations, IMD's, the state hospitals, and the street have grown in overwhelming numbers and in many counties systems are imploding precisely because the state does not provide adequate funding for higher levels of care. From a policy perspective, the state cannot ignore the correlation between the failures of the mental health system and the ever-increasing numbers of people with serious mental illness in our jails and prisons. They two systems are absolutely connected. And, most importantly, the consequences of this fiscal discrimination for the people and families affected are simply catastrophic for thousands and thousands. It has got to stop.

Our state government must not ignore and we must not let them rationalize the impact on the entire criminal justice system because of the funding choices of the past. It is not a secret that many people who belong in treatment are being warehoused in jails precisely because there are almost no treatment options available in the community. There is nowhere else for them to go! This comes at a great fiscal price for the state and counties as well. The funding decisions that starve our treatment resources for those who are the most seriously mentally ill have caused disastrous results. The lack of access to these higher levels of care is a root cause of the explosion in Incompetent to Stand Trial cases throughout the state and defines the phrase "the criminalization of people with mental illness." It is a humanitarian crisis and one of the most pressing civil rights issues of our time.

Jails and prisons have become human dumping grounds for people with very serious mental illness. They could be in treatment facilities, not correctional facilities, and there is NO justification for waiting to apply for the IMD Exclusion Waiver when the state could apply now for funding that could begin to alleviate some of the human misery that has been perpetuated by outdated and ineffective state policy. These are discriminatory political choices that have been made for decades and they are in dire need of a drastic course correction. Embracing this new funding stream could go a long way into finally completing our mental health system and, over time, substantially reducing the numbers of people with mental illness in our jails, prisons, and state hospitals. No other choice is acceptable.

Mark Gale

Criminal Justice Chair, NAMI Los Angeles County Council

markgale510@gmail.com

Behavioral Health Advisory Board Site Visit Report

Date: Jan 24, 2019

Facility / Program: Horizon View MHRC

Location: 333 Skyway Dr., Camarillo, CA 93010

Contact Person: Lindsay Cunningham, PsyD

Phone #: (805) 383-1155

E-mail: lmcunningham@telecarecorp.com

BHAB Review Team:

Ratan Bhavnani, Jamie Banker, Nancy Borchard, Gane Brooking, Gina Petrus

FACILITY / PROGRAM DEMOGRAPHICS

1. Age Group Served: (Check all that apply)

Children (0 - 12) Adolescents (13 - 17) TAY (18 - 25) Adults (18 - 61) Older Adults (60 +)

2. Number of Clients Served:

Maximum possible: 16 Monthly Avg. 15 and / or Daily Avg. _____

3. Services Provided: (i.e.: Counseling, Therapy, Medication management, Nursing, etc.)?

(Description offered by provider, Telecare Corp)

Horizon View MHRC is a welcoming, safe, therapeutic environment in which residents begin a learning process that helps them make effective choices, reduces the amount of harm in their lives, and increases their personal strengths. Telecare provides a full range of psychiatric, nursing, rehabilitative and social services designed to improve symptom management, encourage skill development, and promote restoration of normal independent functioning. The focus of treatment is to prepare residents to live and work in the least restrictive environment possible, with the lowest risk of institutionalization. We provide an individualized rehabilitation program based on sound principles of psychiatric assessment, psychosocial rehabilitation techniques, and psychopharmacology. Services include assessment, individual, group and family therapy, medication management, nursing and psychiatric care, a therapeutic milieu, leisure activities, peer support services, substance use services, pet therapy, and discharge planning.

Knowing that a major impetus for the development of Horizon View MHRC was the desire by consumers' family members to play an active role in treatment, we strive to create an environment at Horizon View where families feel welcome and heard, and where familial bonds are supported and strengthened. With the resident's knowledge and consent, we invite families to participate on the treatment team. Staff engage family members and other loved ones to obtain valuable insight on the issues that are important to the resident, determine whether the service plan adequately addresses the resident's goals, and collaborate on how the service delivery system can integrate the needs and interests of families.

4. Miscellaneous Additional Services: (i.e.: transportation, follow-up care, community activities or support, etc.)?

Horizon View provides transportation and escort to appointments outside the facility as detailed in the service plan. We also provide escorted outings as part of community integration, including to local AA/NA meetings. We also provide money management services and follow up services, including support with linkages.

5. Number of on-site staff having direct client contact:

Horizon View has more than 20 Full Time Equivalent positions, with between 3 and 15 staff on site at any given time depending on shift. Staff includes an Administrator, licensed Clinical Director, Clinician, Psychiatrist, Psychologist, Nursing Staff, Recovery Specialists, Peer Support Specialist, Substance Use Specialist, Admission/Discharge Planner, Rehabilitation Therapists, Dietician, Cook and Administrative Support Team.

6. What kind of training does your organization provide the staff, and how often?

Horizon View employees receive 50+ hours of new employee training and annual refreshers in topics that include but are not limited to: the VCBH Code of Conduct, cultural competence, recovery model services (RCCS), Trauma Informed Care, Motivational Interviewing, Medication Education, Whole Person Care, CPI (Crisis Intervention/De-escalation), HIPAA/Confidentiality, and professional boundaries. Telecare also partners with Relias Learning, a worldwide leader in healthcare training that serves over 5,000 healthcare organizations, to provide additional online courses to employees.

7. Which professionals are involved directly with clients (i.e. Psychiatrist, Psychologist, MFT, ADT, LCSW, Nurse) and how often?

Psychiatrist/Medical Director - 16 hours per week
Clinician (Registered Psychologist) - 40 hours per week
Rehab Therapist - 40 hours per week
Admission/Discharge Planner (MA) - 16 hours per week
LVN/LPT - 168 hours per week

8. Are peer support specialists/individuals in recovery utilized to support your clients? How many and how often? Are family members involved? How?

Horizon View currently has one full-time Peer Support Specialist. As an organization we have a goal that all programs will have at least two Peer Support Specialists by 2020. We also strive to ensure that all of our Peer Support Specialists receive training in peer delivered modalities such as Wellness Recovery Action Planning (WRAP), as well as peer support certification training. As described above, we invite families to be involved in treatment planning meetings and we offer family therapy sessions to help improve family communication and coping.

9. Describe Groups - education/support?

Horizon View offers educational groups, process/support groups, leisure groups and activities, life skills groups, medication management groups, and pet therapy.

10. Facility/Program Physical Layout (i.e. indoor rooms, outdoor areas, recreational areas)? (Attach floor plan if available)

Horizon View has 16 client rooms, a day room, a TV room, Inspiration Studio, an Interview Room, an Exam Room, 3 showers and one tub room, a client property storage room, a donation closet, an outdoor patio, and a laundry room. See floor plan attached.

BHAB Reviewer Response

What do clients typically do during the day (i.e. work, attend programs)?

The daily activity schedule included what seemed to be constructive and engaging activities (promoting creativity, personal growth, health).

Based on a review of the Activity Schedule, groups seem to be primarily Leisure and Rehab Groups. It is unclear from the schedule, which are Mental Health groups that focus on managing symptoms, building coping skills, trauma, etc. Also, it is unclear whether any of the groups are Evidenced-Based and/or led by the Registered Psychologist or Licensed MFT.

Clients are offered 20 hours per week of individual and group therapy; they are encouraged to attend groups, and most do so. During the site visit there were 3 clients who were not participating in group. There was limited staff interaction with these clients.

There is an emphasis on community outings for clients who are at the appropriate level. This allows them to practice generalization of skills in community and to connect with community resources that they can continue to access upon graduation from the program (e.g., NA, AA, provider appointments).

The program follows a philosophy which appears to empower clients to participate to whatever degree they choose. The team felt that this is an expensive program and encouraging residents a little more may increase utilization of available resources.

Staff identified program needs ?

Management expressed a desire to publicize the Horizon View program and facility more widely in the community. They have a storage room containing clothing and shoes, which are offered to clients when they enter; they welcome additional donations.

Overall Impression or Brief Summary (key points, including appearance of clients and facility)?

Horizon View fills a critical need in the community. The facility was specifically designed to create a sense of community and foster interactions between clients and staff, while also affording privacy and personal space. Management expressed a commitment to accepting most clients in need of this level of care, with few exclusion criteria. Management also expressed a commitment to helping clients remain in the program and successfully transition to a less restrictive level of care. Due to the small size of the program (capacity 16), the program is individually tailored to the client. The flexible approach is relationship-based, utilizing Motivational Interviewing techniques to engage clients, honor freedom of choice, with the ultimate goal of having the client access all available services.

The facility is open, clean and filled with natural light. Clients have space and privacy. The design allows for more acute clients to be closer to the nursing station and staff. The BHAB team appreciated the fact that there was no barrier between nursing and clients -- fostering a sense of community -- and that positive language was used to label different areas of the facility. Some of the staff offices are in the same open space. There are limited fitness options. There is no designated place for fitness activities. Two stationary bicycles are located in the movie room and there is a small courtyard. There is a nearby basketball court but this requires staff to accompany the client. A private chef/kitchen offers healthy and nutritious meals for clients.

Staff were professional, knowledgeable, and compassionate. Staff brings a lot of relevant clinical experience. Staff articulated the mission statement clearly. Staff appeared to understand the complex needs of the clients and are committed to addressing all needs, not just those related to mental illness/substance use.

The program has a Certified Addiction and Drug Abuse Consultant who can provide specialized substance abuse interventions.

The only family intervention currently offered is family therapy (if requested by the client) and the opportunity to participate in treatment planning. Management has expressed a desire to expand treatment interventions for families. There did not seem to be a lot of emphasis on the family.

The program currently offers a limited peer support component but has plans to offer a suite of peer support services. A peer is the first point of contact when the client initially enters the program.

Board Member Recommendations for Program Needs?

Suggested to Telecare staff that they offer presentations on this program (and other Telecare programs in Ventura County) to BHAB committees, NAMI groups and at other mental health events.

Mental Health Board Reforms

Discussed during the BHAB General Meeting on February 25, 2019

5604.

(a) (1) Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. One member of the board shall be a member of the local governing body. Any county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. Nothing in this section shall be construed to limit the ability of the governing body to increase the number of members above 15. Local mental health boards may recommend appointees to the county supervisors. Counties are encouraged to appoint individuals who have experience with and knowledge of the mental health system. The board membership should reflect the ethnic diversity of the client population in the county.

~~(2A)~~ Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

(B) One third of the board membership shall be individuals representing private and non-profit entities. Ideally, the governing body should consider appointing one of each of the following:

(i) The president or owner, or his or her designee, of a large private company doing business within the county.

(ii) The owner, or his or her designee, of a small business doing business within the county.

(iii) An individual representing the interests of emergency room doctors providing services within the county.

(iv) An individual representing the largest hospital providing services within the county.

(v) The County Sheriff, or his or her designee.

(vi) An individual recommended by consensus of police chiefs within the county.

~~(32)~~ (A) In counties under 80,000 population, at least one member shall be a consumer, and at least one member shall be a parent, spouse, sibling, or adult child of a consumer, who is receiving, or has received, mental health services.

(B) Notwithstanding subparagraph (A), a board in a county with a population under 80,000 that elects to have the board exceed the five-member minimum permitted under paragraph (1) shall be required to comply with paragraph (2).

(b) The mental health board shall report directly to the governing body, and shall be an entity that has the authority to act and report independently from by the county administrative structure.

(~~b~~c) The term of each member of the board shall be for three years. The governing body shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year.

(~~e~~d) If two or more local agencies jointly establish a community mental health service under Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the mental health board for the community mental health service shall consist of an additional two members for each additional agency, one of whom shall be a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health services.

(~~d~~e) (1) Except as provided in paragraph (2), no member of the board or his or her spouse shall be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental health contract agency.

(2) A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which he or she does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning his or her employer that may come before the board.

(~~e~~f) Members of the board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.

(~~f~~g) If it is not possible to secure membership as specified in this section from among persons who reside in the county, the governing body may substitute representatives of the public interest in mental health who are not full-time or part-time employees of the county mental health service, the State Department of Health Care Services, or on the staff of, or a paid member of the governing body of, a mental health contract agency.

(~~g~~h) The mental health board may be established as an advisory board or a commission, depending on the preference of the county.

5604.2.

(a) The local mental health board shall do all of the following:

(1) Review and evaluate the community's mental health needs, services, facilities, and special problems. This includes the authority to investigate and report on needs, services, or special problems that have been identified in the community or any facility within the county where mental health evaluations and services are being provided.

(2) Review any county agreements entered into pursuant to Section 5650. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.

(3) Advise the governing body and the local mental health director as to any aspect of the local mental health program, including the provision of mental health services within county jails.

(4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.

(5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.

(6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.

(7) Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.

(8) Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

5604.3.

(a) The board of supervisors may pay from any available funds the actual and necessary expenses of the members of the mental health board of a community mental health service incurred incident to the performance of their official duties and functions. The expenses may include travel, lodging, child care, and meals for the members of an advisory board while on official business as approved by the director of the local mental health program.

(b) Counties are encouraged to provide a budget to the mental health board that is sufficient to ensure that board meetings may be held and administered independently from the county administrative structure.

5848.

(a) Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget

allocations. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans.

(b) The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the county mental health department for revisions. The county mental health department shall provide written explanations for any mental health board recommendations that not included in the final plan or update.

(c) The plans shall include reports on the achievement of performance outcomes for services pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the County Behavioral Health Directors Association of California.

(d) Mental health services provided pursuant to Part 3 (commencing with Section 5800) and Part 4 (commencing with Section 5850) shall be included in the review of program performance by the California Behavioral Health Planning Council required by paragraph (2) of subdivision (c) of Section 5772 and in the local mental health board's review and comment on the performance outcome data required by paragraph (7) of subdivision (a) of Section 5604.2.

(e) The department shall annually post on its Internet Web site a summary of the performance outcomes reports submitted by counties if clearly and separately identified by counties as the achievement of performance outcomes pursuant to subdivision (c).



California Association of Local Behavioral Health Boards and Commissions

CALBHB/C Update

Advice for Advisory Boards & Commissions:

Know your Patients' Rights Advocates

New requirements for training were signed into law in August of 2018. AB 2316 made changes detailed in the **letter from the [CA Behavioral Health Planning Council \(link\)](#)** to local Behavioral Health Directors.

It is in the best interest of local mental/behavioral health boards/commissions to be in regular communication with Patients' Rights Advocates, including attendance at your meetings. A summary of Patients Rights Advocates duties is at: <https://www.calbhbc.com/patients-rights.html> .

Data and Performance

External Quality Organization Review (EQRO)

2017-18 County-Specific Data is on-line, with 2018-19 available in some jurisdictions. We recommend once/year review of this Medi-Cal data [LINK](#) .

1. Review "Summary of Findings" pages
2. Review "Conclusions" pages ("Strengths" & Opportunities" & "Recommendations")
3. Staff presentation on EQRO findings.

Mental Health Services Act (MHSA): A few suggestions for reviewing these large plans:

1. Ask staff for an "Executive Summary" that includes substantive recommendations and describes substantive changes.
2. Review demographics to identify areas of need and improvement.
3. Agendize presentations for sections throughout the year.
4. Divide sections among individuals who report to the larger body.
5. Step back and take a systems approach when advising Behavioral Health Director and Board of Supervisors.

Important Reminders:

Post Agendas: Board/commission and standing committee agendas should be posted on local agency internet websites 72 hours in advance for regular meetings, 24 hours in advance for special meetings (special meetings have more requirements). www.calbhbc.com/brown-act.html

Data Notebooks: The 2018 Data Notebooks (from the CA Behavioral Health Planning Council) were sent out at the end of the year. We encourage boards/commissions to take the lead in completing these (with the help of staff). They are due March 30th.

Meetings & Trainings:

Bay Area: March 16, Oakland
[Registration](#)

Statewide Meeting/Training: April 9
Capitol Day: April 10 Sacramento
[Registration](#)

On-Line

[Duties \(Check Your Understanding\) \(15 Min\)](#)
[Ethics Training \(2-Hour Training\)](#)
[MHSA: Role of MHB \(15 Min\)](#)
[MHSA: Fiscal \(15 Min\)](#)

Scroll down for local, state and national events, training and more.

Frequently Asked Questions

www.calbhbc.com/faqs.html

[Annual Reports](#)

[Committees](#)

[Expenses](#)

[Fiscal MHSA Info](#)

[Integrating with Alcohol & Drug Board](#)

[New Member Orientation](#)

[Recruitment of Members](#)

[Recruitment of MH/BH Director](#)

[Role/Requirements of MH/BH Director](#)

[Site Visits](#)

Don't see desired topic? Check out the [Best Practices Handbook](#) or [contact us!](#)

Legislative Advocacy

SB 10 - Peer Provider Certification: CALBHB/C's Governing Board unanimously voted to support SB10. CALBHB/C advises local boards/ commissions to advise your Board of Supervisors regarding legislation that you recommend supporting. More information and a sample letter at <https://www.calbhbc.com/peer-supports.html>.

CALBHB/C's Principles for Support & Advocacy are on our [website](#). Five principles guide CALBHB/C's support and advocacy efforts, encompassing:

1. Community Input
2. Performance Data
3. Resources
4. Prevention
5. Parity

Statewide Opportunities:

AccessCA Leadership Webinar February 12, 2019, 3pm - 4pm Learn the benefits of shared power in the community planning process, and how to foster collaborative decision making with your stakeholder communities. [Registration Link](#)

Birth - An Intersection between Maternal and Mental Health. February 18, 2019, Los Angeles. 2020 Mom Annual Event. [More Info](#)

Native American Cultural Competency Workshops: Suscol Intertribal Council in Napa is developing a cultural competency training for Mental Health providers that will share information about Native American varied cultures, wellness and healing traditions and Native American experiences with Historical Trauma. This is open not only to practitioners, but also anyone working within any capacity of mental health. The dates for the next Cohort are: Feb 26, March 26, April 23, May 21, June 25. All meetings are 9:30-12. Anyone interested is encouraged to reach out to suscol@suscol.net

Multicultural Symposium - Celebrating Strengths, Empowering Voices from Diverse Communities: March 7, 2019, Los Angeles, NAMI CA [More Info](#)

Employment: Individual Placement and Support (IPS) Leadership Conference, March 11, 2019, Oakland, Alameda County IPS Collaborative to include intensive 1 hour sessions: Benefits and Work Incentives; Transition Age Youth, IPS 101, Job Development: Panel Discussion with Employment Specialists and more. [More Info](#)

National Opportunities:

Discover NIMH - As the lead federal agency for research on mental illness, the National Institute of Mental Health (NIMH's) mission is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

NIMH is launching a new video series called "#DiscoverNIMH" to share its mission, scientific initiatives, and advances in the science of mental illness. You can view the videos on NIMH's YouTube channel, [here](#).

Research Study - Consider joining a mental health research study at NIMH and help researchers transform the understanding and treatment of mental illnesses. [More Info](#)

Thanks for serving on (or supporting) a local board/commission!

You are integral to helping local communities provide effective mental/behavioral health programs.

How do I pronounce "CALBHBC?"

You can run out of breath saying "California Association of Local Behavioral Health Boards and Commissions." Saying "CALBHBC" does not help either. There is a solution. Say "CAL" "B-H" "B-C."

CALBHB/C is a statewide organization supporting the work of California's 59 local mental and behavioral health boards and commissions.

Our mailing address is:

CALBHBC - California Association of Local Behavioral Health Boards & Commissions

Attn: Theresa Comstock, Executive Director

[717 K Street, Suite 427 Sacramento, CA 95814](#)

Ventura County Behavioral Health Department
 Board Letter Summary
 November-December 2018

Board Date	Contractor	Amount	Term	Description
1/8/2019	Interface Children & Family Services	\$ 30,000	6/1/18 to 6/30/19	The Memorandum of Agreement with Interface Children & Family Services will be for the provision of Alcohol and Drug Program Driving Under the Influence services by VCBH to referred AB 109 clients. Interface will pay VCBH on a monthly basis at a not to exceed of \$30,000.
1/15/2019	California Department of Housing and Community Development - No Place Like Home	see description	TBD	<p>Submission of joint applications to the California Department of Housing and Community Development for two No Place Like Home (NPLH) Permanent Supportive Housing projects. The first application is with the Housing Authority of the City of San Buenaventura for Willett Ranch in the amount of \$2,707,380 for 15 NPLH units. The second application is with Many Mansions-Area Housing Authority of the County of Ventura for Mountain View in the amount of \$3,094,152 and for 24 NPLH units.</p>

MEMORANDUM

DATE: February 19, 2019
TO: Behavioral Health Advisory Board
FROM: Contracts Administration
SUBJECT: Board of Supervisors Approved January Agreements

Executive Summary

Board of Supervisors Approved Agreements – January 8, 2019

1. Alcohol and Drug Program (ADP) Services: Memorandum of Agreement (MOA) with Interface Children & Family Services.

This item recommended approval of the MOA with Interface Children & Family Services (Interface) for Ventura County Behavioral Health (VCBH) to provide driving under the influence (DUI) services. Interface will pay VCBH each month for the DUI services at a not to exceed amount of \$30,000 per fiscal year.

Assembly Bill 109 (AB 109), the Public Safety Realignment Act, went into effect on October 1, 2011. AB 109 redefined some felony offenses in California, shifted housing for lower-level offenders from state prisons to local jails, transferred the supervision responsibilities for designated parolees from the California Department of Corrections and Rehabilitation to county probation agencies (called "Post-Release Community Supervision" (PRCS)) and created a new form of supervision called "Mandatory Supervision."

AB109 assigned certain functions to the local Community Corrections Partnership (CCP) and required that this body complete a realignment implementation plan for the County. As part of the plan, funds were made available for local community-based organizations (CBOs) to develop a network of services aimed at assisting local governmental agencies and curbing recidivism among these offenders. Local CBOs requested that the CCP contract with a third-party vendor to develop and implement the CBO/PRCS Offenders Realignment Planning Project.

To serve the County's AB 109 population, the County of Ventura, through the Probation Agency, contracted with Interface to manage CBOs providing services to the local AB 109 population.

The mission of the CBOs is to remove barriers, increase awareness, and provide community supports for individuals who have been incarcerated to promote successful community reintegration and reduce recidivism. AB 109 clients are referred to Interface by the Ventura County Probation Agency. These individuals receive a range of program services, including substance abuse disorder/DUI services.

The MOA between VCBH and Interface is for the provision of VCBH ADP DUI services to referred AB 109 clients. The MOA delineates the roles and responsibilities of both parties and the payment mechanism for services rendered. Specifically, Interface will pay VCBH ADP for the provision of DUI services on a monthly basis, not to exceed \$30,000 per fiscal year.

VCBH recommended the approval of and authorization for the VCBH Director or designee to sign, the MOA with Interface for DUI program services, effective June 1, 2018 through June 30, 2019.

Board of Supervisors Approved Agreements – January 15, 2019

1. Mental Health Services: No Place Like Home (NPLH) Joint Applications for Permanent Supportive Housing and Ventura County Plan to Prevent and End Homelessness.

This item recommended approval for the VCBH Director or Designee to submit joint applications with the Housing Authority of the City of San Buenaventura and Many Mansions/Area Housing Authority of the County of Ventura to the California Department of Housing and Community Development for NPLH permanent supportive housing development program funding. It also recommended approval of the Ventura County Plan to Prevent and End Homelessness. These projects will be funded with Mental Health Services Act (MHSA) funds.

On July 1, 2016, Governor Brown signed landmark legislation enacting the NPLH program to dedicate up to \$2 billion in bond proceeds for investment in the development of permanent supportive housing for persons who need mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. Despite the passage of the NPLH legislation, the Legislature was unable to appropriate MHSA funding for this new program due to legal challenges that arose related to whether: (1) the use of MHSA funding for the NPLH program was in accordance with what the voters intended when they originally approved the MHSA and (2) voter approval was required for the NPLH bonds. To address the legal issues, the State put Proposition 2 – No Place Like Home Act of 2018 on the November 6, 2018 ballot to seek approval from voters to carry out the NPLH program by approving the appropriation of MHSA funds and authorizing the borrowing/sale of bonds to pay for the NPLH program.

In October of 2018, pending voter approval of Proposition 2, the State (through the California Department of Housing and Community Development (HCD)) elected to release a Notice of Funding Availability (NOFA) that announced the availability of approximately \$400 million in round one competitive allocation funding from the NPLH program. Large counties, such as Ventura County, are eligible to compete for \$93,525,977 of the \$400 million that is available. Through the NPLH program, deferred payment loans would be made available to counties for development of permanent supportive housing for persons with a serious mental illness who are homeless, chronically homeless or at risk of chronic homelessness. Counties are eligible to apply for the funding independently or with a housing developer ("development sponsor"). If awarded, NPLH program funds will be made directly to the development sponsor. NPLH program funds may be used to acquire, design, construct, rehabilitate, or preserve permanent supportive housing, and may also include a capitalized operating subsidy reserve. Development sponsors are required to maintain the NPLH supportive housing units for 55 years. Counties are required to provide mental health supportive services to NPLH tenants for 20 years. The deadline for submission of applications under the NPLH NOFA is January 30, 2019.

Shortly after the release of the NPLH NOFA, voters passed Proposition 2 authorizing the Legislature to not only appropriate funds for the NPLH program and but to begin making awards of NPLH program funding. This action ensured funding availability through the NPLH NOFA and spurred counties to respond to the NPLH NOFA.

To respond to the NPLH NOFA, the County of Ventura released a Request for Proposals (RFP) to solicit applications from development sponsors wishing to apply jointly with the County for the NPLH funds. Two complete applications, from the Housing Authority of the City of San Buenaventura and Many Mansions/Area Housing Authority of the County of Ventura, were received and were evaluated by County staff for threshold eligibility and scoring under HCD's competitive program. The applications were also evaluated against the following local priorities: (1) providing housing units to meet the greatest needs in the community, as documented through Pathways to Home (Ventura County's Coordinated Entry System), (2) providing new units of housing for the NPLH target population, and (3) minimizing the layering of other financing with population restrictions which could make it difficult to find eligible tenants and lease the units. Both applications were found to meet the threshold eligibility review requirements and local priorities. Based upon the strength of the applications and development sponsors, as well as the number of NPLH units proposed, staff recommended jointly applying with both development sponsors for the NPLH program funding. A summary of the two projects and development sponsors is provided below.

Project Name	Development Sponsor	Type of Development	Location	Total NPLH Units	Total Non-NPLH Affordable Housing Units	Resident Manager's Unit	Total Units
Willett Ranch (Senior Housing)	Housing Authority of the City of San Buenaventura	New Construction	Ventura	15	34	1	50
Mountain View Apartments	Many Mansions/Area Housing Authority of the County of Ventura	New Construction	Fillmore	24	52	1	77
Total				39	86	2	127

In addition to the project information, the joint applications also contain Supportive Service Plans/Budgets, draft MOA with each of the development sponsors, and Ventura County's Plan to Prevent and End Homelessness. The County, through VCBH, is required to provide mental health supportive services for 20 years. Specifically, VCBH will be responsible for providing the following types of supportive services: (1) case management, (2) assessment, (3) dual diagnosis case management services, (4) outreach and engagement, (5) tenancy retention services, and (6) job skills training. The Housing Authority of the City of San Buenaventura and Many Mansions/Area Housing Authority of the County of Ventura will be responsible for providing the following types of services, including but not limited to: (1) employment assistance, (2) job placement and retention, (3) recreational and social activities, (4) food assistance, (5) life skills training, (6) transportation, (7) on-site case management, and (8) tenant engagement and housing retention. The MOA will clarify the roles and responsibilities of the County and development sponsors as they relate to the proposed development projects. The MOA will be finalized and executed once the development projects are opened for tenancy and will extend for 20 years from that date. The Ventura County Plan to Prevent and End Homelessness is the Ventura County Continuum of Care Alliance's regional roadmap to preventing and ending homelessness in Ventura County—it has been updated to contain NPLH program requirements.

VCBH recommended approval of and authorization for the VCBH Director or designee to submit joint applications with the Housing Authority of the City of San Buenaventura for Willett Ranch and Many Mansions/Area Housing Authority of the County of Ventura for Mountain View Apartments to the HCD for NPLH permanent supportive housing development program funding. VCBH also recommended approval of the Ventura County Plan to Prevent and End Homelessness which incorporates NPLH program requirements.